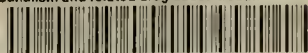


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Alcoholism and related drug abuse treatm



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363.292 Galen State
I34arda Hospital
1976 Alcoholism and
related drug abuse
treatment and
rehabilitation
services

Galen State Hospital
E. P. Higgins, M. D., Superintendent
(Montana Alcoholism Prevention Center)
D. L. Holmes, Director
Alcoholism and Related
Drug Abuse Treatment and Rehabilitation
Services

STATE DOCUMENTS COLLECTION

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Phone: (406) 693-2281

RFD Route 1
Deer Lodge, Montana 59722
October 16, 1976

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Enclosures:

- (1) Admission and commitment forms
- (2) Daily schedule 28-day inpatient treatment and rehabilitation modality
- (3) Daily schedule Long term rehabilitation modality
- (4) Daily schedule and forms six-day family inpatient rehabilitation modality
- (5) Community aftercare planning and coordination forms and listing of community resources
- (6) Daily schedule aftercare modality and forms
- (7) General information patient flow chart, hospital and center organizational charts, listing of center personnel and phone numbers.

GALEN STATE HOSPITAL
MONTANA ALCOHOLISM PREVENTION CENTER

October 16, 1976

Alcoholism Treatment and Rehabilitation

State of Montana

I. Authority

The Galen State Hospital and Montana Alcoholism Prevention Center are established as treatment and rehabilitation centers to serve the State of Montana for those persons who seek relief from the illness of alcoholism in accordance with sections 80-1701 and 80-1705 revised codes of Montana.

II. Admissions

- A. Policy Any persons in Montana seeking relief from the illness of alcoholism shall be admitted to Galen State Hospital without formal admission forms or papers and without regard to previous admissions, race, age, ethnic group, sex, religion, or payment for services. However, in the interest of providing continuity of treatment in the communities of Montana and good administrative procedures, it is requested the forms as listed in enclosure (1) be used when possible.
- B. Summary of admissions, commitments and court orders. In accordance with sections 80-1701, 80-1705, 80-2715, 80-2716, 80-2717, 80-2718 and 95-2007 R C. M. a person may be served at the Galen State Hospital for treatment of alcoholism as noted below:
1. Voluntary Admission: (section 80-2715) An application by a concerned individual to the superintendent of the hospital consenting and agreeing to treatment for a period of thirty-five days. This application may be signed by the patient; parent or guardian of a minor; or guardian or legal representative of an incompetent person.

2. Inebriate Admission: (section 80-2716) Where a person is brought to the hospital by a representative of law enforcement and the person served is suspected of being incapacitated by alcohol, such individuals may be retained in the hospital for forty-eight (48) hours.
3. Emergency Commitment: (section 80-2717) An application is presented to the Superintendent of the hospital by a responsible person, with an examination by a physician licensed to practice in this state not employed at Galen or Department of Institutions. An individual so committed may be retained at the hospital for five (5) days.
4. District Court Order: (section 80-2718) Where a person is directed by a district court to seek treatment. The person so committed may be retained at the hospital up to thirty (30) days. Subsequent periods of treatment (ninety days) may be requested if medical or psychological considerations deem such action necessary.
5. Treatment and Rehabilitation as part of a sentence: (section 95-2007)
A court may impose rehabilitation as part of a sentence where alcoholism or other drugs are involved in the commission of a crime. Such persons referred to Galen are psychologically tested, evaluated, diagnosed and referred to alcohol or drug treatment or returned to the court if other problems are detected with recommended referrals. The length of treatment for alcoholism without complication is five (5) weeks, for dangerous drugs approximately (6) months. It is recommended if a jail term is to be served as part of the sentence, such term be served prior to rehabilitation.

Galen is not a custodial institution and security measures are provided only for life, fire, personal and property safety.

Please see enclosure (1) for admission and commitment forms.

III. Description of treatment and rehabilitation modalities and services available at the Galen State Hospital and Montana Alcoholism Prevention Center.

A. Admission, detoxification, diagnosis, treatment and rehabilitation planning.

1. Admission

Each person admitted to Galen, a full licensed hospital, is given a complete physical examination and related tests are made which include chest X-ray, blood scan, blood work, urine, and where indicated sputum, P. P. D., EKG and other tests and examinations.

2. Detoxification

Two modalities are available, full medical and supervised non medical. Separate one and two bed wards are used for male and female patients. Doctors' rounds are made daily in both modalities. Detoxification may include alcohol, prescription and non prescription narcotics and drugs or combinations thereof.

3. Diagnosis, treatment and rehabilitation planning

- a. Montana Alcoholism and Related Drug Abuse Clinic meets at 8:30 A. M., excepting holidays, on Thursday of each week for the purpose of diagnosis, treatment and rehabilitation planning. A person to be seen in the clinic must be admitted to the hospital prior to 3:00 P. M. on the Tuesday proceeding the clinic.

At the clinic, the following noted formal evaluations are presented:

- (1) Psychological,
- (2) physical,
- (3) social,
- (4) alcohol and related drug abuse,

- (5) behavioral
- (6) community referral information, and
- (7) a primary and secondary diagnosis.

b. formal treatment plan is developed in concert with the patient, which may include one or more modalities or elements.

- (1) 28-day inpatient treatment and rehabilitation,
- (2) long term care,
- (3) family treatment and rehabilitation,
- (4) chemotherapy (Antabuse),
- (5) referral to other hospitals for additional physical or emotional treatment,
- (6) referral to other treatment programs
- (7) referral for drug abuse treatment,
- (8) community referrals and discharge at the patient's request, voluntary admissions, and
- (9) Montana Aftercare Treatment and Rehabilitation Clinic

B. Twenty-eight day inpatient modality

Studies report for about one person out of two a period of time away from the pressures of family, job and the constant availability of alcohol and other related drugs is required to begin the process of recovery. Observation in the communities of Montana indicates the ratio of persons who require this insolation from society is nearly 50% of those in need of treatment. The twenty-eight day modality is designed to fill this requirement coupled to an educational program on alcohol and related drug abuse, interpersonal communication, peer, crafts, large and small group therapy and referral system. The modality requires a commitment by the patient to remain in treatment for the full twenty-eight days, persons in treatment may request or be recommended to stay

for additional periods of time subject to the needs of the individual. Patients are given an individual room with connecting half bath. Each person is assigned to a counselor in a group of nine persons or less and will be served by the assigned counselor during the twenty-eight day stay. Full nursing services are available 24 hours a day and doctors' rounds are made daily.

The twenty-eight day modality consists of the following noted elements (see enclosure (2) for detailed schedule).

1. Modality participation elements

<u>Element</u>	<u>Minimum time Allotted</u>
a. Individual counseling	8 hours
b. small group counseling	16 hours
c. small mixed groups (men and women) counseling	8 hours
d. interpersonal communications group work	16 hours
e. informative lectures	24 hours
f. peer group therapy	24 hours
g. group recreational therapy	12 hours
h. individual referral counseling	12 hours
i. physical therapy	16 hours
j. individual and group rehabilitation therapy	28 hours

2. Modality individual assignments

- a. Regulation of activities and leadership roles are assigned to patients in treatment. These positions are:

- (1) Patient leader
- (2) patient housekeeper
- (3) assistant patient housekeeper
- (4) wing (small group) leader
- (5) wing (small group) steering committee member

b. Each person while in treatment is provided individual copies and given reading assignments in the following noted books, brochures and pamphlets:

(1) Books

- (a) Alcoholics Anonymous
- (b) Twelve and Twelve
- (c) Living Sober

(2) Brochures and pamphlets

- (a) "This is AA"
- (b) "AA Member and Drug Abuse"
- (c) "Young People and A. A."
- (d) "The Alcoholic Husband"
- (e) "The Alcoholic Wife"
- (f) "A. A. for Women"
- (g) "Sponsorship"
- (h) "Forty-four Questions"
- (i) "My Name is Irma"
- (j) "The Delayed Withdrawal Syndrome"
- (k) "What Alcoholics Must do to Recover"
- (l) "Taking Steps 4 and 5"
- (m) "When Your Husband is an Alcoholic - What about the Kids?"
- (n) "Structure of Alcoholics Anonymous"
- (o) Al-Anon and Al-Ateen Literature

c. Individual treatment plan and evaluation

An individual treatment and referral plan is prepared by the assigned counselor and the patient. This plan is reviewed

each week, progress noted and changes recorded.

A staff review of patients is held at 12:30 P. M. on Tuesday of each week, which includes medical, counseling, community referrals, emotional and behavioral considerations.

3. Upon completion of the 28 day inpatient modality, the patient and family member are seen in the state alcoholism treatment and rehabilitation after care clinic.

Please see enclosure (2) for daily schedule, 28 day modality.

C. Long term rehabilitation modality:

1. Where the diagnosed alcoholic:
 - a. has brain damage and cannot respond to an educational program;
 - b. expresses commonly passive-dependent or inadequate personalities;
 - c. is not capable of being motivated;
 - d. has an extensive current history of not responding to previous treatment and after care
 - e. is now de-industrialized; or
 - f. has a temporary physical limitation or problem which prevents participation in the 28 day modality.

Many patients referred by courts, or by voluntary admission fall into one or more of the foregoing six categories. A reasonable number of these persons will respond with proper diet, care, specialized training and rehabilitation in two (2) to six (6) months to a point where they could participate in the regular 28 day inpatient modality.

2. Some of the functions of this unit, after detoxification and diagnosis and referral are:
 - a. continued medical, physiological and psychological treatment to restore body and mental functions;

- b. continued social services - medicaid, medicare, Social Security, family problems;
- c. physical rehabilitation and work therapy;
- d. individual, group and family counseling
- e. Educational program by,
 - (1) division of patients into classes by comprehension level and
 - (2) presentation of lectures, films, video tapes and other media to meet the level of the class;
- f. Formal written programs of treatment for each patient and a determination made at regular intervals to chart changes in comprehension level, physical achievement and motivation;
- g. Presentation to the alcohol clinic for acceptance into the 28 day modality when the patient has gained adequate emotional and physical stability; or if permanent impairment is found,
- h. referral to community nursing homes, Veterans' facilities or other long term care programs.

3. When patients have completed the Long term rehabilitation modality and are not referred to the 28 day modality, they are seen in the state treatment and rehabilitation after care clinic.

In no case shall a patient be retained beyond such time as effective treatment and rehabilitation can be given. There is not a residential modality. Please see enclosure (3) for daily modality schedule.

D. Family inpatient alcoholism treatment and rehabilitation modality.

Alcoholism is a family illness. Experience in treating family members with the alcoholics at Galen is showing a major increase in the recovery rate. This is a six (6) day inpatient service where the family member stays at Montana Alcoholism Prevention Center. This service is provided

for patients in the twenty-eight day and Long term rehabilitation modalities. Family members are present at the state treatment and rehabilitation after care clinic with the alcoholics and are asked to review their recovery plans. Referrals are made to community alcoholism recovery programs for family members as well as alcoholics. Please see enclosure (4) for daily modality schedule. At present this service is limited to one family member for each person in treatment due to space and budget limitation.

E. Chemotherapy (antabuse)

For those persons in the final week of the twenty-eight and Long term treatment and rehabilitation modalities, antabuse is offered or in some cases prescribed for the alcoholic as "extra insurance" during the initial stages of recovery in the community. For those persons, an additional physical examination is given which includes an E. K. G. A four day period of observation is conducted while the patient is taking the drug. The effects of antabuse, if alcohol is ingested, are explained to each person. The doctors, nurses and counselors reinforce daily the taking of antabuse will not work unless Alcoholics Anonymous and community alcoholism referrals are kept and maintained on a regular and continuing basis. Each patient taking antabuse is given a card stating what must be done if an antabuse reaction occurs. A thirty day supply of the drug and a refill prescription is given the patient at the after care clinic.

F. Community aftercare planning and coordination

Each patient in the twenty-eight day and Long term care treatment and rehabilitation modality is asked to develop with their counselor a community aftercare plan.

1. Galen State Hospital shall, where a release of information has been signed by the patient:

- a. send a letter informing the nearest community program of their presence in treatment at Galen and their prospective modality completion date.
 - b. provide progress notes to community programs every two weeks concerning the patients' achievements in the modality and their recovery planning.
 - c. twenty-four hours or sooner prior to discharge a phone call to the community program shall be made by the assigned counselor with the patient and family member present to inform those referral elements of the patient's prospective time of arrival in the community and any special needs or requirements.
 - d. a formal treatment and aftercare summary will be mailed to the community program.
2. The community alcoholism recovery programs where a release of information has been signed by the patient provide to Galen:
- a. a brief patient social and drug history when available
 - b. coordination with the patient and their family for participation in the family modality and to return to Galen for the inpatient aftercare modality.
 - c. a formal report on each patient referred at 180 days after completion of the Galen modalities.
3. Galen State Hospital shall where release of information have been signed by the patient:
- a. provide aftercare summaries to other referring agencies and physicians in the communities
 - b. such information required for the payment of insurance claims
 - c. prospective modality completion dates to Alcoholics Anonymous and Al-Anon groups when requested.

Please see enclosure (5) for sample forms.

G. State Alcoholism Treatment and Rehabilitation Aftercare Clinic.

1. The state alcoholism treatment and rehabilitation aftercare clinic meets, excepting holidays, at 8:30 A. M. on Wednesday of each week for the purpose of patient and family member review, community aftercare treatment planning and referral, the prescription of necessary medication, modality evaluation, and scheduling patient and family participation to return to the Galen inpatient aftercare modality. Members of community alcoholism programs are requested to attend the clinic when possible.
2. Formal evaluations, community planning elements and aftercare schedules as noted below are present or arranged:
 - a. counselor's evaluation of patient's progress, participation and community referral arranged while in the modality.
 - b. Doctor's evaluation of the patients' medical and physical conditions, prescription of required medications and recommended community medical referrals.
 - c. Family counselor's evaluation of family member and patient's progress and participation in the family modality with recommended community referrals.
 - d. The patient and family member are requested to evaluate their present position in life, concerns and detail their personal recovery plans.
 - e. Patient aftercare appointments are made with the patient and family member.
3. Upon completion of the aftercare clinic, the patient and family member are returned to their home or community of their selection within Montana. Where a release of information has been signed, the

aftercare clinic report is sent on the same day to community programs, agencies and physicians.

H. Aftercare modalities

A planned inpatient aftercare modality, where the patient and family member return for additional support, modality and community referral evaluation, medical tests and examinations at periods of 30 and 90 days and one year after treatment. At present only the 30 day after treatment aftercare visit has been implemented due to space and budget limitations. Nearly 50% of the patients and family members are now returning 30 days after treatment. For modality schedule of events and forms used, please see enclosure (6).

IV. Request for information concerning patients and insurance claims, organization of Galen State Hospital and Montana Alcoholism Prevention Center.

Patient information requests concerning the above noted information may be addressed to:

Superintendent, Galen State Hospital
R. F. D. Route 1
Deer Lodge, Montana 59722
or by phoning (406) 693-2281

Please see enclosure (7) for a listing of hospital and center personnel, phone numbers and organizational charts.

V. Payment for services alcoholism and related drug abuse treatment and rehabilitation.

A determination is made by the Department of Institutions Reimbursement Trust Unit represented by the Trust Unit Manager at Galen for each person accepted for treatment. Charges are determined according to state and federal codes. The Galen hospital is fully licensed and the alcoholism modalities are approved. Most insurance carriers, including CHAMPUS, pay for the services provided, however, state and other municipal employees who are covered by Blue Shield - M. P. S. should contact this insurance carrier before coming to Galen for treatment

of their alcoholism. Persons requiring the assistance of MEDICAID must be in the county program prior to their admission to Galen, if payment for services from this source is to be made. Insurance payments, individual fees paid or other revenue generated by the services provided at the Galen Hospital and Montana Alcoholism Prevention Center are returned to the state's general fund. Questions concerning determination of payments, and related billing should be addressed to:

Reimbursement Trust Unit
Galen State Hospital
R. F. D. Route 1
Deer Lodge, Montana 59722

with a copy to:

Superintendent, Galen State Hospital
R. F. D. Route 1
Deer Lodge, Montana 59722

Release of medical information for insurance carriers should be addressed to the hospital Superintendent as noted above.

Enclosure (1)

Admission and
Commitment Forms

Galen State Hospital
RFD Route 1
Deer Lodge, Montana 59722
October 16, 1976



State of Montana
Office of The Attorney General
STATE CAPITOL
HELENA, MONTANA 59601

ROBERT L. WOODAHL
ATTORNEY GENERAL

March 8, 1976

RECEIVED
MAR 1 - 1976

Mr. Nick A. Rotering, Attorney
Department of Institutions
1539 11th Avenue
Helena, Montana 59601

DEPARTMENT OF
INSTITUTIONS

Dear Mr. Rotering:

Pursuant to sections 84-402 R.C.M. 1947, I have reviewed and amended the following forms, which you have forwarded to me:

1. Petition for involuntary commitment
2. Order of hearing of petition for involuntary commitment and notice of hearing
3. Temporary order of involuntary commitment
4. Order of involuntary commitment
5. Petition for involuntary commitment
6. Order of hearing of petition for involuntary commitment and notice of hearing
7. Order of involuntary commitment

Enclosed are copies of the above listed documents as amended. Pursuant to the above cited statute I prescribe these forms to be used by the clerks of the district courts in issuing commitments under Chapter 26 of Title 80 R.C.M. 1947 to the Department of Institutions.

Very truly yours,

ROBERT L. WOODAHL
Attorney General

RLW:ac
Encl.

DEPARTMENT OF INSTITUTIONS
ADAPTIVE SERVICES DIVISION

GALEN STATE HOSPITAL

ADMISSIONS, COMMITMENTS and COURT ORDERS: in accordance with sections 80-1701, 80-1705, 80-2715, 80-2716, 80-2717, 80-2718 and 95-2007 R.C.M. a person may be served at the Galen State Hospital for treatment of alcoholism as noted below:

- A. Voluntary Admission: (section 80-2715) An application by a concerned individual to the superintendent of the hospital consenting and agreeing to treatment for a period of thirty-five days. This application may be signed by the patient; parent or guardian of a minor; or guardian or legal representative of an incompetent person.
- B. Inebriate Admission: (section 80-2716) Where a person is brought to the hospital by a representative of law enforcement and the person served is suspected of being incapacitated by alcohol, such individuals may be retained in the hospital for forty-eight (48) hours.
- C. Emergency Commitment: (section 80-2717) An application is presented to the Superintendent of the hospital by a responsible person, with an examination by a physician licensed to practice in this state not employed at Galen or Department of Institutions. An individual so committed may be retained at the hospital for five (5) days.
- D. District Court Order: (section 80-2718) Where a person is directed by a district court to seek treatment. The person so committed may be retained at the hospital up to thirty (30) days. Subsequent periods of treatment (ninety days) may be requested if medical or psychological considerations deem such action necessary.
- E. Treatment and Rehabilitation as part of a sentence: (section 95-2007) A court may impose rehabilitation as part of a sentence where alcoholism or other drugs are involved in the commission of a crime. Such persons referred to Galen are psychologically tested, evaluated, diagnosed and referred to alcohol or drug treatment or returned to the court if other problems are detected with recommended referrals. The length of treatment for alcoholism without complication is four (4) weeks, for dangerous drugs approximately (6) months. It is recommended if a jail term is to be served as part of the sentence, such term be served prior to rehabilitation. Galen is not a custodial institution and security measures are provided only for life, fire, personal and property safety.

Voluntary Application for Treatment

Galen State Hospital

Enclosure (1)

VOLUNTARY APPLICATION FOR TREATMENT
GALEN STATE HOSPITAL
R. F. D. Route 1
Deer Lodge, Montana 59722

Patient: _____

I voluntarily make this application for admission to the Galen State Hospital at Galen, Montana in order to have examinations, tests and observations and treatment of my/patient's alcoholic condition, all in accordance with the provisions of Section 80-1701, 80-1705, and 80-2715 Revised Codes of Montana, 1947. I fully understand and agree that if admitted to said hospital I/patient may be retained therein for examinations, tests and observations, and treatment, subject to the rules and regulations of Galen State Hospital, for at least thirty-five days of time, unless sooner released therefrom by the Superintendent of the said hospital.

Dated at _____, Montana this _____ day of _____, 19____.

Witnesses:

(Applicant)

May be signed by patient, parent of minor, guardian or legal representative of an incompetent person.

Incapacitated Application for Treatment

Galen State Hospital

Enclosure (2)

INCAPACITATED APPLICATION FOR TREATMENT
GALEN STATE HOSPITAL
R.F.D. Route 1
Deer Lodge, Montana 59722

In accordance with Section 80-2716 Revised Codes of Montana, the following named person _____, who appears to be incapacitated by alcohol has been brought to the Galen State Hospital for emergency treatment. This person was found incapacitated or taken into protective custody at _____ hour on this _____ day of _____, 19 _____ at or near _____, Montana.
Signed this _____ day of _____, 19 _____.

Law enforcement person

Emergency Commitment for Alcoholism

Galen State Hospital

EMERGENCY COMMITMENT FOR ALCOHOLISM
GALEN STATE HOSPITAL
R. F. D. Route 1
Deer Lodge, Montana 59722

Application for Emergency Commitment to Galen State Hospital for suspected alcoholism.

In accordance with section 80-2717, R. C. M., I, _____ *

residing at _____, _____ in the
(Address) (City)

County of _____ and State of _____
(County) (State)

do request of the Superintendent, Galen State Hospital that _____
(Patient's name)

residing at _____, _____ in the
(Address) (City)

County of _____ and State of _____
(County) (State)

be committed to the Galen State Hospital for care, treatment, diagnosis, and
rehabilitation of suspected alcoholism. Facts supporting need for emergency treatment
are _____

Dated at _____, Montana, this _____ day of _____ 19 ____.

(Petitioner) *

PHYSICIAN'S CERTIFICATE OF COMMITMENT**

I, _____, a duly qualified and licensed physician, having and
maintaining my professional offices in _____
County of _____, State of Montana, do hereby certify that I have
read the above and foregoing Emergency Application of _____
(Petitioner's name)
to commit, _____, and that I have examined the said patient
(Patient's name)
within two days prior to the date of this certificate and that I (do/do not) hereby
recommend and approve this Emergency Application for commitment to the Galen State
Hospital as requested; that I subscribe the following remarks pertinent to patient's
mental and physical condition:

Facts supporting need for Emergency treatment:

Dated at _____, Montana, this _____ day of _____, 19____

**

(Physician)

*Petitioner may be certifying physician, spouse, guardian, relative or other responsible person.

**Physician's certificate must be dated within two days prior to the date of this certificate and the examining physician CANNOT be employed by the Department of Institutions. (See Section 80-2717 (2).)

Involuntary Commitment for Alcoholism

Galen State Hospital:

Elements:

- (a) Petition for Involuntary Commitment
- (b) Order of Hearing of Petition for
involuntary commitment and Notice
of Hearing
- (c) Temporary Order of Involuntary
Commitment
- (d) Order of Involuntary Commitment

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT
OF THE STATE OF MONTANA
IN AND FOR THE COUNTY OF _____

IN THE MATTER OF,)

Cause # _____

_____,)

an alleged alcoholic)

PETITION FOR INVOLUNTARY COMMITMENT

Comes now your Petitioner _____, pursuant to section
80-2718 and other relevant law and says:

(1) That your petitioner is the _____
(spouse, guardian, relative, certifying physician or chief of an
approved public treatment facility) of the said alleged alcoholic:
and,

(2) That the Petitioner believes and therefore alleges that
_____ is an alcoholic who habitually lacks
self control as to the use of alcoholic beverages; and,
(strike any inappropriate language below)

(3) That said _____ has (threatened, attempted, or
inflicted) physical harm on another, and that unless committed
is likely to inflict physical harm on another; and/or ,
that said _____, is incapacitated by alcohol.

(4) Alleged alcoholic _____ (did; did not) refuse examination
by a licensed physician

THEREFORE your Petitioner prays as follows:

(1) That The Court make an order committing said _____
to the Department of Institutions for either diagnostic examination and
further order of this court, pursuant to section 80-2718 (3) or in the
alternative for commitment of _____ to the
Department of Institutions for treatment pursuant to section 80-2718 (5).

(2) For such other Orders as the Court may deem and meet and just in the premises.

Dated this _____ day of _____ 19 _____

PETITIONER

Subscribed and sworn before me this _____ day of _____, 19 _____

SEAL

Notary Public for the State of Montana
Residing at _____, Montana

My commission expires _____

CERTIFICATE OF LICENSED PHYSICIAN

I, _____ a duly qualified and licensed physician, having and maintaining my professional offices in _____, County of _____, State of Montana, do hereby certify that I have read the petition for involuntary commitment set forth above, and that,

(1) I examined _____ on the _____ day of _____, 19 _____; and,

(2) That I _____ (do or do not) recommend that the said _____ be committed to the Department of Institutions and,

(3) That I find and certify the following in support of said petition;

Dated at _____, Montana this _____ day of _____ 19 _____

PHYSICIAN
(not employed by admitting facility
or Department of Institutions)

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT
OF THE STATE OF MONTANA
IN AND FOR THE COUNTY OF _____

In the matter of,

Cause # _____

an alleged alcoholic

ORDER OF HEARING OF PETITION FOR INVOLUNTARY COMMITMENT
and
NOTICE OF HEARING

A petition for the involuntary commitment of the above named person having
been filed with the court on the _____ day of _____ 19 ____ and the
law requiring that hearing be set within ten days of the filing thereof;

IT IS ORDERED that:

(1) This matter be set for hearing in the courtroom of the above -
entitled Court in _____, Montana at the hour of _____ o'clock ____ .m.
on the ____ day of _____, 19 ____; and,

(2) That true and conformed copies of the said petition, physician's
certificate and notice of hearing be served on the following pursuant to law:

- (a) Petitioner
- (b) _____, the alleged alcoholic
- (c) The next of kin of said _____
an alleged alcoholic, other than petitioner
- (d) Said alcoholic's parent or guardian, if said
alleged alcoholic is a minor,
- (e) The Administrator in charge of the approved
public treatment facility to which said
alleged alcoholic has been committed for emergency
care,

(f) Others: _____

Dated this _____ day of _____, 19 _____

JUDGE

NOTICE OF HEARING

Notice is hereby given of the hearing of the Petition for involuntary commitment of _____ an alleged alcoholic, at the place, time and date set in the Order set forth above.

Dated this _____ day of _____, 19 _____

CLERK OF THE COURT

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT
OF THE STATE OF MONTANA
IN AND FOR THE COUNTY OF _____

IN THE MATTER OF,)

Cause # _____

_____,)

an alleged alcoholic)

)

TEMPORARY ORDER OF INVOLUNTARY COMMITMENT

All relevant testimony in this matter having been heard this date after due and proper notice and pursuant the provisions of section 80-2718 and other relevant law and upon, and within ten (10) days of the filing of the Petition of

_____ alleging that _____ is an

alcoholic who habitually lacks self control as to the use of alcoholic beverages, and who;

(strike inappropriate language)

- (a) has threatened, attempted, or inflicted physical harm on another and that unless committed is likely to inflict physical harm on another; and/or,
- (b) is incapacitated by alcohol

THE COURT FINDS:

(strike inappropriate language)

That the alleged alcoholic refused examination by a physician;

That the alleged alcoholic was examined by a physician not employed by the admitting facility, or the Department of Institutions and believes that the petition is true;

That more medical evidence is necessary;

That the allegations of the petition appear to be true;

THE COURT HEREBY ORDERS that the said alleged alcoholic be temporarily committed to the Department of Institutions for a period of not more than Five (5) days for proposed diagnostic examination and that the results of said diagnostic examination be given to the Court for consideration along with other relevant evidence already presented herein.

Dated at _____, Montana this _____ day of
_____, 19 ____.

JUDGE

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT
OF THE STATE OF MONTANA
IN AND FOR THE COUNTY OF _____

IN THE MATTER OF,)

Cause # _____

_____,)

an alleged alcoholic)

)

TEMPORARY ORDER OF INVOLUNTARY COMMITMENT

All relevant testimony in this matter having been heard this date after due and proper notice and pursuant the provisions of section 80-2718 and other relevant law and upon, and within ten (10) days of the filing of the Petition of

_____ alleging that _____ is an

alcoholic who habitually lacks self control as to the use of alcoholic beverages, and who;

(strike inappropriate language)

- (a) has threatened, attempted, or inflicted physical harm on another and that unless committed is likely to inflict physical harm on another; and/or,
- (b) is incapacitated by alcohol

THE COURT FINDS:

(strike inappropriate language)

That the alleged alcoholic refused examination by a physician;

That the alleged alcoholic was examined by a physician not employed by the admitting facility, or the Department of Institutions and believes that the petition is true;

That more medical evidence is necessary;

That the allegations of the petition appear to be true;

THE COURT HEREBY ORDERS that the said alleged alcoholic be temporarily committed to the Department of Institutions for a period of not more than Five (5) days for proposed diagnostic examination and that the results of said diagnostic examination be given to the Court for consideration along with other relevant evidence already presented herein.

Dated at _____, Montana this _____ day of
_____, 19 ____.

JUDGE

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT
OF THE STATE OF MONTANA
IN AND FOR THE COUNTY OF _____

IN THE MATTER OF,)
_____,)
an alleged alcoholic)

Cause # _____

ORDER OF INVOLUNTARY COMMITMENT

All relevant testimony having been heard this date after due and proper notice and pursuant to the provisions of section 80-2718 and other relevant law and upon and within ten (10) days of the filing of the petition herein of _____ alleging that _____ is an alcoholic who habitually lacks self control as to the use of alcoholic beverages, and who,

(Strike inappropriate language)

- () (a) has threatened, attempted, or inflicted physical harm on another, and that unless committed is likely to inflict physical harm on another; and/or,
- () (b) is incapacitated by alcohol

THE COURT FINDS:

- (1) That the allegations are established by clear and convincing evidence including, but not limited to, necessary medical evidence; and,
- (2) That the Department of Institutions is able to provide adequate and appropriate treatment for said alcoholic, and that said treatment is likely to be beneficial.

THE COURT HEREBY ORDERS that the said alcoholic be committed to the Department of Institutions for treatment for a period of thirty (30) days unless sooner discharged by said department.

Dated at _____, Montana this ____ day of _____ 19 ____.

JUDGE

Involuntary Recommitment for Alcoholism

Galen State Hospital

Elements:

- (a) Petition for Involuntary Recommitment
- (b) Order of Hearing of Petition for
Involuntary Recommitment and
Notice of Hearing
- (c) Order of Involuntary Recommitment

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT
OF THE STATE OF MONTANA
IN AND FOR THE COUNTY OF _____

IN THE MATTER OF,)

Cause # _____

_____,)

an alleged alcoholic)

PETITION FOR INVOLUNTARY RECOMMITMENT

Comes now your Petitioner _____, pursuant to section
80-2718 and other relevant law and says:

- (1) That your petitioner is the _____
(spouse, guardian, relative, certifying physician or chief of an
approved public treatment facility) of the said alleged alcoholic;
and,
- (2) That the Petitioner believes and therefore alleges that
_____ is an alcoholic who habitually lacks
self control as to the use of alcoholic beverages; and,
(strike any inappropriate language below)
- (3) That said _____ has (threatened, attempted, or
inflicted) physical harm on another, and that unless committed
is likely to inflict physical harm on another; and/or, that said
_____, is incapacitated by alcohol.
- (4) Alleged alcoholic _____ (did; did not) refuse examination
by a licensed physician
- (5) That said _____ has been undergoing treatment at
_____ pursuant to an Order of this Court
pursuant to section 80-2718 and requires additional treatment for
ninety (90) days for the reasons set forth above.

THEREFORE your Petitioner prays as follows:

- (1) That the Court make an order committing said _____
to the Department of Institutions for commitment of _____
to the Department of Institutions for treatment pursuant to section 80-2718(5).
- (2) For such other Orders as the Court may deem and meet and just in the premises.

Dated this _____ day of _____ 19 ____

PETITIONER

Subscribed and sworn before me this _____ day of _____, 19 ____

Notary Public for the State of Montana
Residing at _____, Montana
My commission expires _____

CERTIFICATE OF LICENSED PHYSICIAN

I, _____ a duly qualified and licensed physician, having and
maintaining my professional offices in _____, County of _____,
State of Montana, do hereby certify that I have read
the petition for involuntary commitment set forth above, and that,

(1) I examined _____ on the _____ day of _____, 19 ____; and,

(2) That I _____ (do or do not) recommend that the said _____
be committed to the Department of Institutions;
and,

(3) That I find and certify the following in support of said petition;

Dated at _____, Montana this _____ day of _____, 19 ____

PHYSICIAN
(not employed by admitting fac
or Department of Institutions

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT
OF THE STATE OF MONTANA
IN AND FOR THE COUNTY OF _____

In the matter of,

Cause # _____

an alleged alcoholic

ORDER OF HEARING OF PETITION FOR INVOLUNTARY RECOMMITMENT
and
NOTICE OF HEARING

A petition for the involuntary recommitment of the above named person having been filed with the court on the _____ day of _____ 19____ and the law requiring that hearing be set within ten days of the filing thereof;

IT IS ORDERED that:

(1) This matter be set for hearing in the courtroom of the above - entitled Court in _____, Montana at the hour of _____ o'clock __.m. on the ____ day of _____, 19 ____; and,

(2) That true and conformed copies of the said petition, physician's certificate and notice of hearing be served on the following pursuant to law:

- (a) Petitioner
- (b) _____, the alleged alcoholic
- (c) The next of kin of said _____
an alleged alcoholic, other than petitioner
- (d) Said alcoholic's parent or guardian, if said
alleged alcoholic is a minor,
- (e) The Administrator in charge of the approved
public treatment facility to which said
alleged alcoholic has been committed for emergency
care,

(f) Others: _____

Dated this _____ day of _____, 19 _____

JUDGE

NOTICE OF HEARING

Notice is hereby given of the hearing of the Petition for involuntary
recommitment of _____ an alleged alcoholic, at the
place, time and date set in the Order set forth above.

Dated this _____ day of _____, 19 _____

CLERK OF THE COURT

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT
OF THE STATE OF MONTANA
IN AND FOR THE COUNTY OF _____

IN THE MATTER OF,)

Cause # _____

_____,)

an alleged alcoholic)

ORDER OF INVOLUNTARY RECOMMITMENT

All relevant testimony having been heard this date after due and proper notice and pursuant to the provisions of section 80-2718 and other relevant law and upon and within ten (10) days of the filing of the petition herein of _____ alleging that _____ is an alcoholic who habitually lacks self control as to the use of alcoholic beverages, and who,

(Strike inappropriate language)

() (a) has threatened, attempted, or inflicted physical harm on another, and that unless committed is likely to inflict physical harm on another; and/or,

() (b) is incapacitated by alcohol

THE COURT FINDS:

- (1) That the allegations are established by clear and convincing evidence including, but not limited to, necessary medical evidence; and,
- (2) That the Department of Institutions is able to provide adequate and appropriate treatment for said alcoholic, and that said treatment is likely to be beneficial.
- (3) That the said alleged alcoholic has been committed to said Department of Institutions for thirty days pursuant to section 80-2718(5).

THE COURT HEREBY ORDERS that the said alcoholic be recommitted to the Department of Institutions for treatment for a period of ninety (90) days unless sooner discharged by said department.

Dated at _____, Montana this _____ day of _____ 19____.

JUDGE

Enclosure (2)

Daily schedule
Twenty-eight day inpatient
treatment and rehabilitation modality

Montana Alcoholism Prevention Center
Galen State Hospital
RFD Route 1
Deer Lodge, Montana 59722
October 16, 1976

ACTIVITIES SCHEDULE
First Week

Day #1 - Monday

Counselor on Duty _____

9:30 A.M. Group Meetings - all groups - wing lounges

10:30 Lecture - Steps 11 & 12 - Mr. Holmes

1:15 Movie - A Step from the Shadows - Mrs. Hannifin

2:30 Individual Counseling - Staff.

7:00 Open A.A. Meeting - Anaconda

Graduating Class and Family Member

'Steps 11 & 12'

Instr: Mr. Holmes

Stressing the importance of prayer and meditation in
our daily lives as alcoholics and the importance of
working with others in the 12th step. We have to give it
away to keep it.

Ref. Personal Experience - Twelve and Twelve of A.A.

'A Step from the Shadows' - Movie

Instr: Mr. Hannifin

Portrays the fact that alcohol plays no favoritism regard-
less of your status in life.

THOUGHT FOR THE DAY - - - -

"Happiness consists of three thing"

Someone to Love -

Work to Do -

And a clear Conscience -

ACTIVITIES SCHEDULE
First Week

Day #2 - Tuesday

Counselor on Duty _____

9:00 A.M. Third Week Jr. Class Meets 'A' Wing Lounge
9:30 Group meetings, all groups - wing lounges
10:30 Lecture - Reasons for Relapse - Mr. Dckler
1:15 P.M. Lecture - Acute Stages of Alcoholism - Dr. Abad
3:00 Group Therapy
7:00 Open A.A. Meeting -
Participation by the School of Nursing - M.S.U.

'Reasons for Relapse'

Instr. Mr. Dckler

Some of the symptoms that can lead to relapse: Exhaustion,
Dishonesty, Impatience, Argumentativeness, Depression, Frustration,
Self-Pity, Cockiness, etc.

Ref. 'A Look at Relapse' - Hazelden, Personal Experience
Personal Comments of A.A. People

'Acute Stages of Alcoholism'

Instr. Dr. Abad

Immediate effects of alcohol on the body and the things
done by the body to protect the individual of the side
effects. Also discussed is the personality of the alcoholic
and what a lay man can do to help as acute alcoholic.

THOUGHT FOR THE DAY - - - -

Trust men and they will be true to you - Treat them
greatly - And they will show themselves to be great!!!

ACTIVITIES SCHEDULE
First Week

Day #3 - Wednesday

Counselor on Duty _____

8:30 A.M. State Alcoholism After-Care Clinic
9:30 Communication Exercise - Mr. Ockler
1:15 P.M. Lecture - Desire and Conscience - Rev. Caton
2:00 Voc. Rehabilitation - Individual Consultation
2:30 Individual Counseling - Staff
6:00 Physical Therapy - (See posted list)
7:00 Movie: Chalk Talk

"Communication Exercise"

Instr: Mr. Ockler

1. Concept of personal communication skills - 2. Im-
portance of communication skills - 3. Self-disclosure
4. Handout (Dyadic Encounter)

Ref: Discussions, Experience, Involvement, Personal
Experience

'Desire and Conscience'

Instr: Rev. Caton

Studying whether our consciences are controlled by proper
desires or wrong desires. We have commonly an attitude that
prayer is something that is asking the Great Santa Claus in
the sky to give us things.

THOUGHT FOR THE DAY _ _ _ _

It is high time that the ideal of success should be replaced
by the ideal of service.

ACTIVITIES SCHEDULE
First Week

Day #4 - Thursday

Counselor on Duty _____

8:30 A.M. State Alcoholism Prevention Clinic - Hospital Reception Room.
9:30 Group Meetings, all groups - wing lounges
10:30 Lecture - Attitudes - Mr. Crites
1:15 P.M. Lecture - Making Decisions - Mr. Gochanour
3:00 Group Therapy
After Care Modality begins
(See After Care Modality schedule)
7:00 Recreation: Popcorn - Group Activities

Attitudes

Instr: Mr. Crites

The most important aspect of Recovery is examined. A look at where our attitude toward alcoholism comes from and how we can change it.

Making Decisions

Instr: Mr. Gochanour

To combat the disease of alcoholism we must first make a major decision to - (1) Admission - (2) Acceptance and (3) Surrender

THOUGHT FOR THE DAY

'If we cherish love - then we will cherish life.

If we cherish life - then we should cherish each other.'

ACTIVITIES SCHEDULE

First Week

Day #5 - Friday

Counselor on Duty

9:30 A.M.

Group Meetings - All Groups - Wing Lounges

10:30

Lecture - "Just in case you think your normal"

Record

Mr. Patrick

1:15 P.M.

Lecture - Family Adjustments to Crisis of Alcoholism - Mrs. Craig

2:30

(a) Individual Counseling - Staff

4:05

Physical Therapy - (See posted list)

7:00

Recreational Movie

'Just in case you think your Normal'

Instr: Mr. Patrick

Happiness is a state of mind and how you can learn

to control your mind.

'Family Adjustment to Crisis of Alcoholism' Instr: Mrs. Craig

Changes in the family structure when a member is alcoholic.

The readjustment when the alcoholic attains sobriety.

THOUGHT FOR THE DAY - - - -

It is high time that the ideal of success should be replaced

by the ideal of service.

ACTIVITIES SCHEDULE
First Week

Saturday

Counselor on Duty _____

7:30 PM

Open A. A. Meeting

Duty Counselor and Patient leader co host an A.A.
meeting with Scheduled community groups

Cake with Coffee. Social hour after meeting
is closed at 9:00 PM.

Visitin A.A. Groups -

ACTIVITIES SCHEDULE
Second Week

Sunday

Counselor on Duty _____

10:30 AM

Open A.A. Meeting - (Small Group)

Patients and other interested members of A.A.
meet in the wing lounges of the Alcoholism services
Center in small groups.

3:00 PM

Family Modality begins:
(See Family Modality Schedule)

ACTIVITIES SCHEDULE

Second Week

Day #6 - Monday

Counselor on Duty_____

9:30 A.M. Group Meetings - all groups - wing lounges

10:30 Lecture - Six steps to Recovery - Mr. Crites

1:15 P.M. Lecture - Alcoholism, Sin or Sickness - Fr. Stimatz

2:30 (a) Individual Counseling - Catholic Faiths

(b) Individual Counseling - Staff

6:00 Physical Therapy - (See posted list)

7:00 Open A.A. Meeting - Anaconda

Graduating Class and Family Members

Six Steps to Recovery Instr: Mr. Crites

The steps to Recovery from addiction are examined and explained. The steps are - Recognition - Admission - Petition - Acceptance - Volition - and Conversion.

Alcoholism, Sin or Sickness Instr: Fr. Stimatz

The power of physical existance which shows itself through the senses. How the spiritual life show the wonderful power of the mind of man through the intellect, reasoning and judgeing process.

Patients during their final week on the Program and their spouses or relations are invited to an open A.A. and Al-Anon meeting at neighborhood communities.

THOUGH FOR THE DAY - - - -

"Life can be beautiful ! ! ! ! - It's up to you ! ! ! !"

ACTIVITIES SCHEDULE
Second Week

Day #7 - Tuesday

Counselor on Duty _____

9:00 A.M. Third Week Jr. Class Meets 'A' Wing Lounge
9:30 Group Meetings - all groups - Wing Lounges
10:30 Lecture - Step #4 - Mrs. Hannifin
1:15 P.M. Lecture - Chronic Alcoholism and Brain Damage - Dr. Abad
3:00 Group Therapy
7:00 Open A.A. Meeting -
Participation by the School of Nursing - M.S.U.

'Step #4'

Instr: Mrs Hannifin

Taking stock of our lives - our entire lives. Here is inventory, not analysis. Our Reactions to people and events which have shaped our lives.

'Chronic Alcoholism and Brain Damage' Instr: Dr. Abad

Long term effects of alcohol to the human body and specifically to the brain. Discussed, also, is the physiology medical effects, advantages and disadvantages of the use of antabuse.

THOUGHT FOR THE DAY - - - -

Success is to be measured not so much by the position that one has reached in life - as by the obstacles which he has overcome while trying to succeed.

ACTIVITIES SCHEDULE
Second Week

Day #8 - Wednesday

Counselor on Duty _____

8:30 A.M. State After Care Clinic
9:30 Communication Exercises - Mr. Ockler
1:15 Lecture - We are not Different - Mrs. O'Niell
2:30 Individual Counseling - Staff
4:05 Physical Therapy - (See posted list)
7:00 Movie - Boozers and Users

'Communication Exercises'

Instr: Mr. Ockler

1. Skills to be Explored and Experienced: Strength building exercise.

Purpose: Increase awareness of strengths instead of weaknesses and communicate these to others. To provide positive feedback to each patient concerning himself.
2. Handout (Strength building exercise)

'We are not Different'

Instr: Mrs. O'Niell

Our personal recovery to our problem of alcoholism, responsibilities, obligations; realities are shunned and pushed aside.

THOUGHT FOR THE DAY - - - -

Leisure is a beautiful garment,
But it will not do for constant wear.

ACTIVITIES SCHEDULE
Second Week

Day #9 - Thursday

Counselor on Duty _____

8:30 A.M. State Alcoholism Prevention Clinic, hospital reception room
9:30 Group Meetings, all groups - wing lounges
10:30 Lecture - Maturity - Mr. Patrick
1:15 P.M. Lecture - The Choice is Yours - Mr. Redfern
2:30 Individual Counseling - Staff
3:30 Group Therapy
(After Care Modality)
(See After Care Modality Schedule)
7:00 Recreation - Pop Corn - Outside Activities

'Maturity - Alcoholism'

Instr: Mr. Patrick

Alcoholism and its effect on the alcoholic to mature
mentally - if they are to arrest the disease of alcoholism.

'The Choice if Yours'

Instr: Mr. Redfern

The alcoholic has lost the ability to choose whether to
drink or not to drink. Positive attitude toward decision
making outlined through Twelve Step Program of A.A. -
Decision making based 4th. Step inventory.

THOUGHT FOR THE DAY - - - - -

Our Higher Power often comforts us, not by changing the
circumstances of our lives, but by changing our attitude
toward them.

ACTIVITIES SCHEDULE
Second Week

Day #10 - Friday

Counselor on Duty _____

9:30 A.M. Group Meetings - all groups - wing lounges
10:30 Lecture - Compliance vs Surrender - Mrs. Craig
1:15 P.M. Lecture - Phases of Addiction - Mr. Gochanour
2:30 (a) Individual counseling - Social Services
 (b) Individual counseling - Staff
7:00 Recreational Movie

'Compliance vs Surrender'

Instr: Mrs. Craig

Complete acceptance, at depth, and surrender to alcoholism
against 'compliance' to keep others happy.

'Phases of Addiction'

Instr: Mr. Gochanour

A. look at the broad catagory of addiction, stressing some
of the key symptoms of alcoholism and other drug depend-
encies. An improtant first step toward accepting addiction
and depenency as an illness.

THOUGHT FOR THE DAY - - - -

What wealth it is to have such friends that we cannot
think of them without elation ! ! ! !

ACTIVITIES SCHEDULE
Second Week

Saturday

Counselor on Duty _____

7:30 P.M. Open A.A. Meeting

Duty Counselor and Patient leader co-host an A. A.
meeting with Scheduled Community Groups.
Cake with Coffee. Social hour after meeting is
closed at 9:00 P.M.

Visiting A.A. Groups -

ACTIVITIES SCHEDULE
Third Week

Sunday

Counselor on Duty _____

10:30 A.M. Open A. A. Meeting - (Small Group)

Patient and other interested members of A. A.
meet in the wing lounges of the Alcoholism Services
Center in small groups.

3:00 P. M. Family Modality begins
(See Family Modality Schedule)

ACTIVITIES SCHEDULE
Third Week

Day #11 - Monday

Counselor on Duty _____

9:30 Group Meetings - all groups - Wing Lounges
10:30 Lecture - Steps 5, 6, and 7 - Mr. Holmes
1:15P.M. Lecture - Four Basic Needs - Mr. Crites
2:30 Individual Counseling - Staff
4:05 Physical Therapy - (See posted list)
7:00 Open A.A. Meeting - Anaconda
 Graduating Class and Family Member

"Steps 5, 6, and 7"

Instr: Mr. Holmes

The advantages and disadvantages of trying to apply
those steps in the recovery process of alcoholism.
Ref. Personal Experience - Twelve Steps and Twelve
Traditions of A.A.

Four Basic Needs

Instr: Mr. Crites

An examination of the 4 Basic Needs of Man (1) Physical
Satisfaction (2) Emotional Security (3) Social Acceptance
4. Achievement and Mastery, and some of the tools we all
use in fulfilling these needs. Also examined is the trap
alcohol plays in trying to fulfill these needs.

THOUGHT FOR THE DAY - - - -

To live in the heart we leave behind -
Is not to die.

ACTIVITIES SCHEDULE
Third Week

Day #12 Tuesday

Counselor on Duty

9:00 Third Week Class Meets in "A" Wing Lounge
9:30 Group meeting, all groups - Wing Lounges
10:30 Lecture - Profile of an Alcoholic - Mr. Gochanour
1:15 Physiological and Medical Factors of Alcoholism - Dr. Abad
3:00 Group Therapy
7:00 Open A.A. Meeting - Participation by the School of Nursing,
M.S.U.

Profile of an Alcoholic

Instr: Mr. Gochanour

A (5) five year study done by Cornell University =
Psychological response characteristics caused by
Alcoholism = Augmented response

Physiological and Medical Factors of Alcoholism

Instr: Dr. Abad

Discussion on how alcohol effects the systems of the
body and the different medical problems encountered
in the alcoholic.

Open A.A. Meeting

Duty Counselor and Patient leader co-host meeting with
participation by the School of Nursing, M.S.U. All
A.A. members are invited to participate.

THOUGHT FOR THE DAY

You cannot purchase happiness
It's something you must earn
Give happiness to other folks
And get JOY in return

Day #13 - Wednesday

Counselor on Duty _____

8:30 A.M. State After Care Clinic

9:30 Communication Exercises - Mr. Ockler

1:15 P.M. Lecture - Changing Our Way Of Life - Rev. Caton

2:00 Voc. Rehabilitation - Individual Consultation

2:30 Individual Counseling - Staff

4:05 Physical Therapy - (See posted list)

7:00 Movie: Bourbon in Suburbia

'Communication Exercises'

Instr: Mr. Ockler

Skills to be explored and experienced. Suppression or denial of true feeling leads to ineffectiveness in dealing with others. Ways to communicate feeling and emotions. Verbally - Non-verbally - Through behavior.

Handout - Form groups of six.

'Changing Our Way Of Life'

Instr: Rev. Caton

The direction our Higher Power gives to our life to renew them. An understanding of the necessity to change our everyday life, and with the help of His gifts.

THOUGHT FOR THE DAY - - - -

Happiness consist of three things -

Someone to love

Work to do

And a clear conscience.

ACTIVITIES SCHEDULE
Third Week

Day #14 - Thursday

Counselor on Duty _____

8:30 A.M. State Alcoholism Prevention Clinic, Hospital Reception Rm.
9:30 Group Meetings - all Groups - wing lounges
10:30 Lecture - Admission and Acceptance - Mr. Redfern
1:15 Lecture - Gratitude - Mrs. Craig
3:00 Group Therapy
After Care Modality Begins - (See after care schedule)
7:00 Recreation - Popcorn - Group Activities

'Admission and Acceptance'

Instr: Mr. Redfern

Psychological reward of practicing the twelve suggested
steps of A.A. Acceptance of self and others.

Ref. A.A. and Personal Experience

'Gratitude'

Instr: Mrs. Craig

Taking an inventory of our blessings. A look at the many
things we should be grateful for. Thanking God for the
good things instead of asking God for more things.

--- TO MY FRIENDS WHO INSIST ---

If you knew what a drink would do
you'd take "No thanks," for an answer
One drinks means ninety three to me
And the pain is worse than cancer.

If I were to tell you of all my hell
Caused by that grim romancer.
Can't stop at one, two or three,
Can't handle the stuff, it handles me.
So thanks for taking "No thanks" for my answer.

A representative from the Reimbursement Bureau will be here Fridays
at 8:30 in A Wing Lounge

ACTIVITIES SCHEDULE
Third Week

Day #15 - Friday

Counselor on Duty _____

9:30 A.M. Group Meetings - All Groups - Wing Lounges
10:30 Lecture - Excuses for Drinking - Mr. Patrick
1:15 P.M. Lecture - Our Personal Recovery - Mrs. O'Neill
2:30 (a) Individual Counseling - Protestant Faith
 (b) Individual Counseling - Staff
7:00 Recreational Movie

'Excuses for Drinking'

Instr: Mr. Patrick

Specific situations used by the alcoholic as reasons
to drink. How to handle these situations in order
not to drink.

'Our Personal Recovery'

Instr: Mrs. O'Neill

Your recovery can begin here and now. Are you planning
a program of living to aid you when you leave?

THOUGHT FOR THE DAY- - - - -

Happiness consist of three things -

Someone to Love

Work to do

And a clear conscience

ACTIVITIES SCHEDULE
Third Week

Saturday

Counselor on Duty_____

7:30 P.M. Open A. A. Meeting

Duty Counselor and Patient leader co host an A. A.
meeting with Scheduled community groups.

Cake with Coffee. Social hour after meeting
is closed at 9:00 P.M.

Visiting A.A. Groups - Butte, and Dillon

ACTIVITIES SCHEDULE
Third Week

Sunday

Counselor on Duty_____

10:30 A.M. Open A. A. Meeting - (Small Group)

Patients and other interested members of A.A.

meet in the wing lounges of the Alcoholism services

Center in small groups.

3:00 P.M. Family Modality begins
(See Family Modality Schedule)

ACTIVITIES SCHEDULE
Fourth Week

Day #16 - Monday

Counselor on Duty _____

9:30 A.M. Group Meetings - all groups - wing lounges
10:30 Lecture - Steps 8, 9, and 10 - Mr. Holmes
1:15 P.M. Lecture - Alcoholism, Sin or Sickness - Fr. Stimatz
2:30 (a) Individual Counseling - Catholic Faiths
 (b) Individual Counseling - Staff
4:05 Physical Therapy - (See posted list)
7:00 Open A.A. Meeting - Anaconda
 Graduating Class and Family Member

'Steps 8, 9, and 10!'

Instr: Mr. Holmes

Stressing the Importance of making amends to other
person and to ourselves thru the constant action of
continuing to take an inventory.

Ref: Personal Experience - Twelve and Twelve of A.A.

'Alcoholism, Sin or Sickness!'

Instr: Fr. Stimatz

Basic instincts of man of self-preservation and self-
aggression enter into the conduct of man. This conduct
is guided by moral guidelines provided by God through
Nature and Objective Laws or Man determines his conduct
by his own subjective rules and principles without God.

THOUGHT FOR THE DAY - - - -

He has the right to criticize -

Who has the heart to help ! ! ! !

ACTIVITIES SCHEDULE
Fourth Week

Day #17 - Tuesday

Counselor on Duty _____

9:00 A.M. Third week class meets 'A' Wing Lounge
9:30 Group meetings - all groups - wing lounges
10:30 Lecture - Maturity - Mrs. O'Niell
1:15 Lecture - Realistic Thinking - Mr. Crites
3:00 Group Therapy
7:00 Open A.A. Meeting
Participation by the School of Nursing - M.S.U.

Maturity

Instr: Mrs. O'Niell

The mature person will courageously bear the pain and suffering of a full life and will gratefully enjoy the rewards of a responsible existence.

Ref. Research - Handout

Personal Experience

Realistic Thinking

Instr: Mr. Crites

A helpful aid in getting you back to thinking in Reality instead of dreaming.

THOUGHT FOR THE DAY - - - - -

If you are told someone speaks ill of you,
make no defence against what was said, but answer,
"I'm sure glad he doesn't know my other faults".

ACTIVITIES SCHEDULE
Fourth Week

Day #18 - Wednesday

Counselor on Duty _____

8:30 A.M. State After Care Clinic
9:30 Communication Exercises - Mr. Ockler
1:15 P.M. Lecture - The Reason Why - Mrs. Hannifin
2:00 Voc. Rehabilitation - Individual Consultation
2:30 Individual Counseling - Staff
4:05 Physical Therapy - (See posted list)
7:00 Movie - 'Secret Love of Sandra Blain'

'Communication Exercise'

Instr: Mr Ockler

FEED BACK - Feed back is as important in communication
as is listening and getting our ideas across.

Illustration of feed back. Handout -

'The Reason Why'

Instr: Mrs Hannifin

Some of the excuses used by the alcoholic to cover up
his excessive drinking. Various reasons why sobriety
is most important and reasons to motivate ourselves
toward permanent sobriety.

THOUGHT FOR THE DAY - - - -

It isn't your position that makes you happy.

It's your disposition !!!!!

ACTIVITIES SCHEDULE
Fourth Week

Day #19 - Thursday

Counselor on Duty _____

8:30 A.M. State Alcoholism Prevention Clinic, hospital reception room
9:30 Group Meetings, all groups - Wing Lounges
10:30 Lecture - 'Pride' - Ray Redfern
1:15 P.M. Alcoholism - The Nature of the Disease - Mr. Patrick
3:30 Group Therapy
7:00 Recreation and popcorn

'Pride'

Instr: Mr. Redfern

How the emotion Pride steps in through lack of an
inventory to retard recovery. How true Pride
enhances recovery.

'Alcoholism: The Nature of the Disease' Instr: Mr. Patrick

Acquaint the alcoholic with the nature of his disease:

1. Lack of control
2. Dependency
3. Deterioration to mind and body
4. Withdrawal complications

THOUGHT FOR THE DAY - - -

Be what you is --- because if you be what you ain't,

Then you ain't what you is!!!

ACTIVITIES SCHEDULE
Fourth Week

Day #20 - Friday

Counselor on Duty _____

9:30 A.M. Group Meetings - all groups -- wing lounges
0:30 Lecture - The Serenity Prayer - Mrs. Craig
1:15 P.M. Lecture - Essentials for Recovery - Mr. Gochanour
2:30 (a) Individual Counseling - Social Services
 (b) Individual Counseling - Staff
4:05 Physical Therapy - (See posted list)
7:00 Recreational Movie

'The Serenity Prayer'

Instr: Mrs. Craig

Continual Emotional growth - The most important
concern of your life.

Ref. A.A. People - Personal Experience

'Essentials for Recovery'

Instr: Mr. Gochanour

A Plan for recovering is necessary for arrestment of the
disease of alcoholism. 1. Denial 2. Admittance
3. Understanding that alcohol is an escape from life.

THOUGHT FOR THE DAY - - - -

Kindness is a language -

Which the deaf man can hear,

And the blind man can read. ! ! !

Enclosure (3)

Daily Schedule and Rules
Long term Rehabilitation Modality

Galen State Hospital
RFD Route 1
Deer Lodge, Montana 59722
October 16, 1976

Galen State Hospital

R. F. D. NO. 1 — GALEN
DEER LODGE, MONTANA 59722

MONTANA ALCOHOLISM PREVENTION CENTER

WEEKLY SCHEDULE FOR PATIENTS

ON

TERRILL 1 — TERRILL 2 and ANNEX 1

LONG TERM REHABILITATION

Group Therapy meetings on Monday and Wednesday at 9:00 A.M., and on Friday morning at 8:30 A.M. All three of these therapy meetings will be in the visitors lounge on Terrill I.

A. A. Meetings on Monday, Tuesday, Thursday and Friday evenings at 7:00 P.M. in the visitors lounge on Terrill I.

Lecture Schedule for Terrill 1 Patients:

<u>Day</u>	<u>TIME</u>	<u>LOCATION</u>	<u>SPEAKER</u>
Mon.	1:00 P.M.	Solarium — Crockett 1	Mrs. Klaboe, R.N.
Tues.	1:00	Solarium — Crockett 1	Mrs. Holmes, R.N.
Wed.	1:00	Solarium — Crockett 1	Orientation Lecture (Alcohol Counselor)
Wed.	2:00	Solarium — Crockett 1	Rev. Caton (Every- other Wednesday)
Thurs.	1:30	Visitors Lounge — Terrill 1	Dr. Abad — Group Therapy
Fri.	1:00	Visitors Lounge — Terrill 1	Lecture (Alcoholism Counselor)

Any patient that has attended the lectures scheduled on Monday, Tuesday, and Wednesday afternoons need only attend these sessions once. If he wants to he can attend them more than once. The Thursday and Friday sessions require mandatory attendance.

After lectures and group therapy meetings — Individual Counseling as needed.

Galen State Hospital

R. F. D. NO. 1 — GALEN
DEER LODGE, MONTANA 59722

MONTANA ALCOHOLISM PREVENTION CENTER

LONGTERM REHABILITATION

RULES FOR ALCOHOLIC PATIENTS

1. Patients must arise at 6:00 A.M. for breakfast and have temperature, pulse, and blood pressure taken.
2. Terrill I - Dr. visits each Tuesday A.M. (Dr. does not visit everyday).
3. No smoking in halls or room.
4. Each patient is assigned a cup with his room number on it. Wash it and keep it with you in your room.
5. Mealtimes are 6:30 A.M., 10:50 A.M., 4:30 P.M.
6. Medications will be given at 8:00 A.M., 12:00 A.M., 2:00 P.M. and 8:00 P.M. Please be at Nurses Station at these times.
7. Hair cuts are given every Tuesday morning.
8. Laundry:
 - (a) Laundry will be picked up between 7:00 A.M. and 7:30 A.M. each morning.
 - (b) Laundry must be tied and a list sent with it which is available at Nurses Station.
 - (c) Please ! ! ! No wool clothing or handkerchiefs.
9. No coffee in rooms or halls.
10. All patients are to bathe daily.
11. If a patient wishes to see the Doctor, contact the Head Nurse on Terrill I.
12. Father Stimatz, the Catholic Chaplain, has Mass in the Chapel Tuesday thru Friday at 8:00 A.M. and on Saturday at 6:30 P.M.
13. There is a Social Worker available to help you with your problems.
14. Patients are expected to be in their rooms by midnight. T.V. will be turned off at that time.
15. Post Office is opened from 9:10 A.M. to 10:00 A.M., Monday thru Saturday. Mail is delivered around 12:30 A.M. each day except Sunday.

MAILING ADDRESS:

Galen State Hospital
RFD #1 - Galen
Deer Lodge, Montana 59722

16. Please make your bed and pick up clothing each and every morning.
ROOMS MUST BE KEPT NEAT.

Enclosure (4)

Daily Schedule and Forms
Six day Family inpatient Modality

Montana Alcoholism Prevention Center
Galen State Hospital
RFD Route 1
Deer Lodge, Montana 59722
October 16, 1976

Galen State Hospital

R. F. D. NO. 1 - GALEN
DEER LODGE, MONTANA 59722

MONTANA ALCOHOLISM PREVENTION CENTER

Family Program

Schedule of events for

THURSDAY,

12:00 Noon Orientation
1:15 P.M. Lecture - Main Lounge
3:00 Group meeting with patient - G Wing Lounge
5:00 Dinner - patients' dining hall
8:00 Recreation

FRIDAY,

7:00 A.M. Breakfast - patients' dining hall
8:30 Movie, Chalk Talk - G Wing Lounge
10:30 Lecture - Main Lounge
11:45 Lunch - patients' dining hall
1:15 P.M. Lecture - Main Lounge
2:00 Al-Anon - G Wing Lounge
5:00 Dinner - patients' dining hall
7:00 Recreational movie - Main Lounge

SATURDAY,

7:00 A.M. Breakfast - patients' dining hall
9:00 Movie - G Wing Lounge, "Boozers and Users".
10:00 Quiz on alcoholism
11:45 Lunch - patients' dining hall
1:00-5:00 P.M. Free time
5:00 Dinner - patients dining hall
6:30 Catholic services - optional - Chapel
7:30 Open AA Meeting - Main Lounge

SUNDAY,

7:00 A.M. Breakfast - patients' dining hall
8:00 Protestant services - optional - Chapel
9:00 Movie - G Wing Lounge, "Bourbon in Suburbia"
10:00 Small group AA Meeting in wing lounges
11:45 Lunch - patients' dining hall
5:00 Dinner - patients' dining hall
Evening Family visitation

MONDAY,

7:00 A.M. Breakfast - patients' dining hall
9:00 Group Meeting - G Wing Lounge
10:30 Lecture - Main Lounge
11:45 Lunch - patients' dining hall
1:15 P.M. Family Counseling
2:00 Group Meeting - Family Counselor and Director
3:00 Family Counseling
5:00 Dinner - patients' dining hall

MONDAY,

8:00 P.M. Open AA Meeting
Anaconda

Galen State Hospital

R. F. D. NO. 1 — GALEN
DEER LODGE, MONTANA 59722

MONTANA ALCOHOLISM PREVENTION CENTER

Family Program Continued

Schedule of events for

TUESDAY,

7:00 A.M. Breakfast - patients' dining hall
8:00 Family member writes evaluation
10:30 Lecture - Main Lounge
11:45 Lunch - patients' dining hall
1:15 P.M. Lecture - Main Lounge
3:00 Group
5:00 Dinner - patients' dining hall
7:30 Open AA Meeting - Main Lounge

WEDNESDAY,

7:00 A.M. Breakfast - patients' dining hall
8:30 Aftercare Clinic

GALEN STATE HOSPITAL
RFD #1 - Galen
Deer Lodge, Montana 59722

E. P. Higgins, M. D.
Superintendent

Joseph M. Balkovatz
Administrator

MONTANA ALCOHOLISM PREVENTION CENTER

Dear

Treatment for the illness of alcoholism is a family affair. Doctors and persons experienced in the field note family participation as an essential component for recovery. A program designed to assist in adapting to this change in life perspectives is now offered at Galen.

The offer is limited by the availability of rooms, as patients must be served first, to one family member. This person should be eighteen years of age or older and be physically capable to participate in the program.

Family member should arrive by 12 noon on Thursday of the fourth week of treatment and be prepared to stay until 10:00 A. M. on the following Wednesday.

Success or failure of the person now in treatment, and their very life may depend on your knowledge and acceptance of the illness of alcoholism. We urge you to become part of the solution, not part of the problem. Please fill out the enclosed questionnaire and return it to the Prevention Center.

Most sincerely,

Donald L. Holmes
Director
Montana Alcoholism Prevention Center

DLH/wp
Enclosure

GALEN STATE HOSPITAL
RFD #1 - Galen
Deer Lodge, Montana 59722

MONTANA ALCOHOLISM PREVENTION CENTER

Please complete this page and return it in the enclosed envelope.

I, _____, would/would not like to accept the
opportunity to learn more about the disease of alcoholism. My relationship
to the person in treatment is _____.

/s/ _____
(Signature)

If you plan to take advantage of this opportunity, please complete the
following:

My time and date of arrival at Montana Alcoholism Prevention Center, Galen

State Hospital is _____ on _____
Hour Day Month Year

Enclosure (5)

Community aftercare
planning and coordination
forms and listing of community
resources

Montana Alcoholism Prevention Center
Galen State Hospital
RFD Route 1
Deer Lodge, Montana 59722
October 16, 1976

Requested community
action forms, where a
patient release of information
has been signed

Patient and family member
information form 180 days after
inpatient treatment and
rehabilitation

PATIENT REFERRAL

DATE: _____

TO: Montana Alcoholism Prevention Center
Galen State Hospital
Deer Lodge, Montana 59722

FROM: _____

SUBJECT: Patient Referral

PATIENT NAME _____

ADDRESS _____

PATIENT'S PROBLEM AREAS (1) _____
(2) _____
(3) _____

TYPE OF COMMITMENT _____

ORIGINALLY REFERRED BY: AA/Courts/Family/Self/Alcoholism Program/Mental Health/Other

HISTORY: Age _____ B/D _____ Male _____ Female _____

Married _____ Single _____ Divorced _____

Widower _____ Widow _____

No. of Children _____ Separated _____

If married where can the spouse be reached _____

Phone _____

If not married where can the next of kin be reached _____

Phone _____

DRINKING HISTORY:

Usual Beverage _____ Quantity _____
Morning Drinking _____ Blackouts _____
Steady or Periodic _____ Duration _____
Convulsions _____ DT's _____

OTHER DRUGS (be specific)

Type _____

Daily Quantity _____ Duration _____

Condition of client at time of referral. _____

/s/ _____
Referring Agent

Comments:

Date _____

From: _____

To: Montana Alcoholism Prevention Center
Galen State Hospital
RFD Route 1
Deer Lodge, Montana 59722

Subject: Patient and family report 180 days after inpatient treatment

1. Patient:

(name)

(address)

(city) (state) (zip code)

(phone number)

A. Dates inpatient participation after care modality Montana Alcoholism Prevention Center:

_____ 30 days, _____ 90 days.

B. Community action and aftercare services provided:

C. Patient's progress and prognosis:

2. Family member _____
(name)

(address)

(City) (State) (zip code)

(phone number)

A. Dates inpatient participation aftercare modality, Montana Alcoholism Prevention Center:

_____ 30 days _____ 90 days

B. Community action and aftercare services provided:

C. Family member progress and prognosis

3. Patient and family problem areas:

4. Recommendations and comments:

Evaluator

Galen action forms
community referral and information
where a release has been
signed by the patient

Letter to community alcoholism
programs noting patient locality
assignment and prospective treat-
ment and rehabilitation completion
date

Patient progress treatment planning
and information forms

Patient aftercare summary

MONTANA ALCOHOLISM PREVENTION CENTER
GALEN STATE HOSPITAL
Deer Lodge, Montana 59722

Authorization of Disclosure

GENERAL CONSENT FORM

I, _____
(client/patient name)

Authorize The Montana Alcoholism Prevention Center

to disclose information to _____

_____ (name or title or person(s) or organizations to which disclosure is to be made)

the following identifying information from my records (specify extent or
nature of information to be disclosed)

The purpose or need for such disclosure is _____

This consent to disclose may be revoked by me at any time except to the
extent that action has been taken in reliance thereon.

This consent (unless expressly revoked earlier) expires upon

_____ (specify date, event, or condition upon which it will expire)

Signature of Client/Patient _____ Date _____

Signature of Witness _____ Date _____

Signature of Parent, Guardian :
or Legal Representative _____ Date _____

Specify Relationship _____

Galen State Hospital

R. F. D. NO. 1 — GALEN
DEER LODGE, MONTANA 59722

MONTANA ALCOHOLISM PREVENTION CENTER

Dear Sir:

Mr./Mrs. _____ was admitted to the Alcoholism
Treatment and Rehabilitation Program, Galen State Hospital on _____.
_____ will be released on _____ and has requested that your
organization be notified.

Donald L. Holmes,
Director
Montana Alcoholism Prevention Center

Patients Counselor

MONTANA ALCOHOLISM PREVENTION CENTER
Galen State Hospital
RFD Route 1
Deer Lodge, Montana 59722

INDIVIDUAL PROGRESS REPORT

Modality _____

NAME _____

DATE: _____ TO _____

1. PARTICIPATION IN GROUP

A. Vocalizes, answers direct questions, too vocal, etc.

2. UNDERSTANDING OF ALCOHOLISM (insight etc.)

3. INTEREST: (motivation)

A. Self

B. Program

4. GROUP RELATIONS (shy, anger, resentments, etc.)

5. OVER-ALL PROGRESS: (since last report)

6. COMMENTS: (Inc. Individual Contact Therapy)

7. OVER-ALL PROGRESS TOWARDS PATIENT'S TREATMENT PLAN:

MONTANA ALCOHOLISM PREVENTION CENTER
Galen State Hospital
RFD Route 1
Deer Lodge, Montana 59722

INDIVIDUAL TREATMENT PROGRAM

Modality _____

DATE: _____ TO _____

PROGRAM:

- A. Group sessions available _____ Group sessions attended _____
B. Individual sessions attended _____
C. Lectures attended _____
D. A. A. Meetings attended _____

BASIC PROBLEM AREAS:

PLAN TO BE USED WHILE IN TREATMENT:

PATIENT'S CARE PLAN:

REVISIONS IN TREATMENT CARE PLAN:

INPATIENT REFERRALS:

- | | |
|-------------------------|----------------------------|
| A. Doctor _____ | E. Psych. Evaluation _____ |
| B. Voc. Rehab. _____ | F. Social Worker _____ |
| C. Clergy _____ | G. O.T. Shop _____ |
| D. Psych. Testing _____ | H. Other _____ |

AFTERCARE PLAN AND DATE _____

Patient's Signature _____

GALEN STATE HOSPITAL
RFD #1 - Galen
Deer Lodge, Montana 59722

DISCHARGE SUMMARY

NAME _____ DATE _____
AGE _____ SEX _____
ADDRESS _____ OCCUPATION _____
DATE OF ADMISSION _____ TYPE OF ADMISSION _____
LENGTH OF STAY: HOSPITAL _____ AT&R CENTER _____ TOTAL _____
PERTINENT PHYSICAL FINDINGS: _____

PERTINENT MENTAL FINDINGS: _____

PERTINENT LABORATORY FINDINGS: _____

CHEST X-RAY FINDINGS: _____

FINAL ADMISSION DIAGNOSIS: _____
COURSE IN THE HOSPITAL: _____

FINAL DISCHARGE DIAGNOSIS: _____
PROGNOSIS: _____
MEDICATIONS: _____
RECOMMENDATIONS: _____

REFERRED TO: _____
WORK CAPACITY: _____
DATE OF DISCHARGE _____ TYPE OF DISCHARGE _____
NAME OF ALCOHOLIC COUNSELOR _____

STAFF PHYSICIAN M.D.

cc: Family Physician
Referring Agency
Referred Agency

Community referrals and
resources listing

Regional Addictive Disease Resource development Specialist

Addictive diseases Region I

Addictive diseases Region II

Addictive diseases Region III

Addictive diseases Region IV

Addictive diseases Region V

State alcoholism programs

State mental health regions

State Migrant Seasonal Coordinators and Guidelines

Maps:

Indian reservations of Montana

State Addictive Diseases and Mental Health Regions

REGIONAL ADDICTIVE DISEASES RESOURCE DEVELOPMENT SPECIALIST

Ron Hjelmstad -- Region I -- Plentywood
Sheridan County Courthouse
Plentywood, MT 59254
Phone 765-2361

Don MacDonald -- Region II -- Fort Benton
1301 Front Street
P.O. Box 668
Fort Benton, MT 59442
Phone 622-5468

Harold Selvig -- Region III -- Billings
SC Mont. Mental Health Center
1245 North 29 Street
Billings, MT 59101
Phone 122-2354 (Hot Line)
252-5658

Jim Scott -- Region IV -- Helena
Alcoholism Rehabilitation Association
Suite 14-15
215 East Sixth Avenue
Helena, MT 59601
Phone 442-0310

Ken Anderson -- Region V -- Polson
Region V Alcohol & Drug Council
11 Third Avenue East
Polson, MT 59860
Phone 883-2600

Regional Coordinators

Region I

Ron Hjelmstad, RADRDS
Sheridan County Courthouse
Plentywood, Montana 59254
Phone 765-2361

DISTRICT ONE ALCOHOL AND DRUG PROGRAM - Covering Sheridan, Daniels, Phillips,
Roosevelt and Valley Counties

Herb Sukut, Director
Valley County Courthouse Annex
Glasgow, Mt. 59230
228-9093

Jorgen Jensen
Sheridan County Courthouse
Plentywood, Mt. 59254
765-2361

Renn Mason
Daniels County Courthouse
Scobey, Mt. 59263
487-5091

Alcohol and Drug Services
Roosevelt County Courthouse
Wolf Point, Mt. 59201
653-2131

Phyllis Wimmer
Phillips County Library
Malta, Mt. 59538
654-2005

DISTRICT TWO ALCOHOL AND DRUG PROGRAM - Covering Richland, Garfield, McCone,
Dawson, and Prairie Counties

John Brekke
Richland County Health Dept.
Sidney, Mt. 59270
482-4097

Jack Pollari, Director
Dawson Co. Courthouse
Glendive, Mt. 59330
365-5942

Jerry Weiderholt
McCone & Garfield Co.
Circle, Mt. 59215
485-2380

CUSTER COUNTY ALCOHOL AND DRUG PROGRAM - Covering Custer County

Steve Poland
Custer County Courthouse
Miles City, Mt. 59301
232-6542

FORT PECK RESERVATION ALCOHOLISM PROGRAM - Covering Fort Peck Indian Reservation

Melvin Eagleman
Poplar, Mt. 59255
768-3852

ROSEBUD COUNTY ALCOHOL AND DRUG PROGRAM - Covering Rosebud County - Can also be
used as contact for Treasure County

Bob MacConnel
Forsyth, Mt. 59327
356-2670

COLSTRIP YOUTH PROGRAM - Covering city of Colstrip and surrounding area

Colstrip Youth Center
Colstrip, Mt. 59323
748-3720

NORTHERN CHEYENNE ALCOHOLISM PROJECT - Covering Northern Cheyenne Indian Reservation

Paul Stevenson
Lame Deer, Mt. 59043
477-6381

Region II

Don McDonald, RADRDS
1301 Front Street
Post Office Box 668
Fort Benton, Montana 59442
Phone 622-5468

Region III

Harold Selvig, RADRDS
S. C. Montana Mental Health Center
1245 North 29th Street
Billings, Montana 59101
Phone 122-2354 (hot line)
252-5658

Region IV

Jim Scott, RADRDS
Alcoholism Rehabilitation Association
Suite 14-15
215 East Sixth Avenue
Helena, Montana 59601
Phone 442-0310

SOUTHWESTERN MONTANA ALCOHOLISM SERVICES

(A.R.A.)

Coordinator: Jim Scott - Office - 442-0310
Home - 443-5345

Helena - 24 hour phone - 442-8831

Kemp (Doc) Roberts - Home - 442-2210
Paul Eblen - Home - 442-5234
Cris Thompson

Area of Responsibility: Lewis & Clark County
Jefferson County
Broadwater County

Butte - 24 hour phone - 792-0224
office phone - 792-0224

Owen Guny - Home - 723-8956
Marcella McGeever - Home - 792-2830

Area of Responsibility: Silver Bow County
Granite County

Dillon - 24 hour phone "Frontier House" - 683-4305

Bob McKinnon - Home - 683-2344
Tom Clinton - Home - 683-4305

Area of Responsibility: Beaverhead County
Madison County

Bozeman - 24 hour phone "Help Center" - 586-3333
Office Phone - 586-5493

Chuck Heath - Home - 586-2205
Tom Kendrick - Home - 587-4953

Area of Responsibility: Gallatin County

Livingston - No 24 hour phone service
Office phone - 222-2812

Mike Murphy - Home - 222-6269
Jean Fairservice - Home - 222-3005

Area of Responsibility: Park County
Meagher County

Region V

Ken Anderson, RADRDS
Region V Alcohol and Drug Council
11 Third Avenue East
Polson, Montana 59860
Phone 883-2600

*Jim Scott, REDRDS
Alcoholism Rehabilitation Assn.
of Southwestern Montana
215 East 6th Avenue - 442-0310
Helena, MT 59601

*Riotrock Guidance Foundation
804 North 29th St., Suite 201
Billings, MT 59101-249-3175

*Steve Poland, Director
Custer County Alcohol Program
Custer County Courthouse - 232-6542
Miles City, MT 59301

*Jon Tovson, Director
Cascade County Alcohol Program
1130 17th Avenue South - 761-6700
Great Falls, MT 59401

*Danny Peressini, Director
Hill-Top Recovery Center
1020 Assiniboine - 265-7665
Havre, MT 59501

*Jack Ervin
Coordinated Youth Center
P.O. Box 664 - 743-5720
Colstrip, MT 59323

*Ron Hjelmstad, Director
Provisional Council for District I
Sheridan County Courthouse - 765-2341
Plentywood, MT 59254

*Marie Morton
Western MT Reg. Alcoh. Services Inc.
301 West Alder Street - 728-4510
Missoula, MT 59801

*Harold Schutt, Director
Northwest Montana Alcohol & Drug
Information & Referral
944 South Main - 755-6453
Kalispell, MT 59901

*Bob MacConnel, Director
Rosebud Co. Alcohol Program
P.O. Box 224 - 356-2670
Forsyth, MT 59327

*Mary Alice Rehbein
District II Alcoholism Program
P.O. Box 863 - 482-2207
Sidney, MT 59270

*Margaret Kennedy, Director
Blackfeet Tribal Alcoholism Program
P.O. Box 251 - 338-7178
Browning, MT 59417

*Frank LaForge, Director
Crow Reservation Alcoholism Program
Crow Agency, MT 59022-638-2662

*Harold "Sarge" Campbell
Flathead Alcoholism & Drug Abuse
Information Center - 676-0596
P.O. Box 270
Ronan, MT 59864

*Florence Cole, Director
Fort Belknap Tribal Alcoholism Program
Harlem, MT 59526 - 353-2731

*Melvin Eagleman
Fort Peck Reservation Alcoholism
Program - 768-3852
P.O. Box 307
Poplar, MT 59255

*Brian DesRoches
Billings Deaconess Hospital
P.O. Box 2547 - 257-5551
Billings, MT 59103

*Royce Gilbertson, Director
Alcohol Service Center of Lincoln
County, Inc. - 293-7731
P.O. Box 756
Libby, MT 59923

*Paul Miller, Director
Powell County Alcoholism Center
309 Missouri Avenue - 846-3442
Deer Lodge, MT 59722

*Earl N. Slack, Director
Missoula Employee Assistance Program
Box 569 - 543-8964
Missoula, MT 59801

*Jim Weist, Director
Deer Lodge County Alcohol Program
600 Oak, Community Hospital
Anaconda, MT 59711 - 563-6601

Bozeman Problem Drinking Center
104 East Main - Room 316
Bozeman, MT 59715

Bob McKinnon, Director
Frontier Halfway House
1100 Atlantic
Dillon, MT 59725

Don Holmes, Director
Alcohol Treatment & Rehabilitation Program 693-2281
Route 1, Galen
Deer Lodge, MT 59722

Carolyn O'Neill
North American Indian Alliance
Alcohol Services
72 East Park Plaza
Butte, MT 59701

Northern Cheyenne Reservation
Alcoholism Program
P.O. Box 173
Lame Deer, MT 59043

Rocky Boy Tribal Alcoholism Program
Rocky Boy Route
Box Elder, MT 59521

Mike Murphy
Park Co. Problem Drinking
& Referral Center
P.O. Box 446
Livingston, MT 59047

Ward Hamlin
2947 Village Road
Helena, MT 59601

Boyd Andrew
Boyd Andrew's Guest House
12 Step Recovery House
410 9th Avenue 443-2343
Helena, MT 59601

Richard Baumberger
Providence Resocialization Center
920 4th Avenue North 727-2512
Great Falls, MT 59401

Billings American Indian Council
Urban Indian Alcoholism Center
23 South 27th Street
Billings, MT 59101

Mary Kendall
Great Falls Indian Education
Center
P.O. Box 2532
Great Falls, MT 59401

Leo Pocha
Helena Indian Alliance
P.O. Box 1196 442-9334
Helena, MT 59601

Willie Wineberger
Missoula Indian Alcohol &
Drug Services 721-2700
417 West Front Street
Missoula, MT 59801

Administrative Office: Executive Building 11
11 South 7th Street
Miles City, MT 59301
Telephone: 232-1687 (Hotline 133-29)

Counties Served: Custer, Garfield, Fallon, Carter

Office Staff: Frank Lane, M. A., Administrative Director
Don Hay M. D., Psychiatrist Medical/Clinical Supervisor
Sister Corita Dickinson, M.H.A., M.S.N., Psychiatric Nurse
Judy Gudmundson, A.D.N., Psychiatric Nurse
Sandra Paggen, A.D.N., Psychiatric Nurse
Richard Kerstein, M. A., Psychologist
John Bellinger, M.A., Psychologist
Cindy Radue, O.T.R., Occupational Therapist
James Jensen, Business Manager
Patty Lavin, Mental Health Worker
Paula Warford, Mental Health Worker
Jim Petersen, Social Worker
Bernice Geist, Clerk Typist
Cynthia Lassle, Clerk Typist
Lillian Mankameyer, Secretary
Vickie McClellan, Secretary

Satellite Offices:

ASHLAND St. Labre Indian Mission School
Ashland, MT 59003
Telephone: 784-2737

Counties Served: Rosebud (southern half), Powder River

Office Staff: Pearl Nation, Mental Health Worker

FORSYTH Old Hospital Building, 17th Street
Forsyth, MT 59327
Telephone: 356-7654

Counties Served: Rosebud, Powder River, Treasure

Office Staff: Randy Middleton, Psychologist

GLASGOW 442 3rd Avenue North
Glasgow, MT 59230
Telephone: 228-9349

Counties Served: Valley, Roosevelt, Phillips

Office Staff: Dr. John Waterman, Psychiatrist
Bill Jones, M. A., Psychologist
Rachel Crossan, Secretary
Patsy Walker, Clerk-typist
Marty Jones, Psychologist
Elizabeth Waterman, Social Worker

Eastern Montana (Region I) Mental Health Center - Satellite Offices (continued)

PLENTYWOOD

108 East 1st Avenue
Plentywood, MT 59254
Telephone: 765-2550

Counties Served: Sheridan, Daniels, East Roosevelt

Office Staff: William McFarren, M. A., Psychologist

GLENDIVE

Glendive Medical Center
Glendive, MT 59330
Telephone: 365-2922

Counties Served: Dawson, Wibaux, McCone, Richland, Prairie

Office Staff: Jim St. John, M.A., Psychologist
Robert Hemme, Psychologist M. A.
Myrna Seborg, Secretary

Administrative Office:

Box 2717, Holiday Village
Great Falls, Montana 59403
Telephone: 761-2100 (Hotline 124-38)

Counties Served:

Cascade, Teton, Pondera

Office Staff:

Evan S. Crandall, M.S., Director
Galen A. Wilson, A.C.S.W., Assistant Director
Rex Haire, Ph.D., Clinical Director
Ronald Hughes, M.D., Psychiatrist
Charles Jones, M.A., Clinical Psychologist
Ruth Palmer, M.A., Clinical Psychologist
Robert M. Fry, A.C.S.W., Clinical Social Worker
Andree Deligdisch, A.C.S.W., Psychiatric Social Worker
Charles Hiber, A.C.S.W., Clinical Social Worker
Ken Kleven, A.C.S.W., Clinical Social Worker
Arlene Carvill, M.S.W., Clinical Social Worker
Gene Freeman, M.S.W., Clinical Social Worker
Richard Davis, M.S., Recreational Therapist
Deljean McNutt, B.S., Social Work Aide
Jeanne Adams, B.S., Social Work Aide
Kay Jelinek, R.N., Psychiatric Nurse
Toni Maltese, M.S.S.W., Clinical Social Worker
Joanne Ericksen, R.N., Psychiatric Nurse
Dick Hruska, Business Manager
David Crow, B.S., R and E Coordinator
Sue Crandall, Secretary
Marlys Mangold, Secretary
Pat Chamberlain, Secretary
Susie Marchildon, Secretary
JoAn Maeder, Secretary
Candy Ashmore, Secretary
Jeanine Anderson, Secretary
Kathy O'Connor, File Clerk
Everette Maxwell, Mental Health Worker
Lenore Searles, B.A., Mental Health Worker
Fern Birkenbuel, Mental Health Worker
Carole Ferda, Mental Health Worker
Carol Clintworth, B.A., Mental Health Worker
Margo Bennyhoff, VISTA
Theresa Curtis, VISTA
Edith Houle, VISTA
Gary Stout, Mental Health Worker
Louise Gerrity, B.A., Outreach Worker

Needs Assessment Staff:

Judith Lobb, Needs Assessment Director
Peggy Truesdalé, Asst. Needs Assessment Director
Kathy Ostrander, Needs Assessment Worker
Margaret Masquelier, Needs Assessment Worker
Elsie Mirante, Needs Assessment Worker

Children's Program

Barbara L. Williamson, R.N., Mental Health Worker
Caerl P. Juelfs, B.A., Mental Health Worker

Satellite Offices:

CHOTEAU
P. O. Box 100
Choteau, Montana 59422
Telephone: 456-5681

Counties Served: Teton

Office Staff: Steve Schulman, Ph.D., Clinical Psychologist (466-265)
Connie Bullis, Secretary

CONRAD
P. O. Box 1453
Conrad, Montana 59425
Telephone: 278-3205

Counties Served: Pondera

Office Staff: Dick Wimmers, Ph.D., Clinical Psychologist (278-5353)
Jo Dickey, Secretary

CUT BANK
P. O. Box 95
310 East Main
Cut Bank, Montana 59427
Telephone: 873-5538 873-5539

Counties Served: Glacier

Office Staff: John Melchert, Ph.D., Clinical Psychologist
Robert Wolfe, A.C.S.W., Psychiatric Social Worker (950)
Thelma Bjorklund, Secretary

HAVRE
P. O. Box 1658
Havre, Montana 59501
Telephone: 265-9639 (Hotline 135-201)

Counties Served: Hill

Office Staff: Monty Kuka, Ph.D., Clinical Psychologist (265-2520)
Leonard Kemp, M.S.W., Psychiatric Social Worker (265-47)
Shirley McAllister, Secretary
Martha Stanek, A.C.S.W., Psychiatric Social Worker
Wanda Meland, Mental Health Worker

SHELBY
220 Main
Shelby, Montana 59474
Telephone: 434-5285

Counties Served: Toole

Office Staff: Laurence Burman, M.A., Clinical Psychologist (434-5852)
Loretta Macrow, Secretary
Constance Combs, Mental Health Worker

Administrative Office:

1245 North 29th Street
Billings, Montana 59101
Telephone: 252-5658
252-5650 (after 5:00)

Counties Served:

Yellowstone, Big Horn, Carbon, Stillwater, Sweet Grass,
Wheatland, Musselshell, Petroleum, Fergus and Judith Basin

Office Staff:

Bryce G. Hughett, M.D., Regional Mental Health Director
Bertram Moss, M.D., Physician
Duncan D. Burford, M.D., Psychiatrist (hourly only)
Donald L. Harr, M.D., Psychiatrist (hourly only)
Joseph Rich, M.D., Psychiatrist (hourly only)
Dennis Bruce, Administrator
John R. Taylor, M.A., Psychologist VI
Kenneth Collier, Ed.D., Psychologist VI/Ed. Cons.Spec.
Marian F. Martin, Ph.D., Psychologist V/Child Ser. Dir.
Alan (Lan) Bauer, Psychologist V
Robert Tompkins, Ed.D., Psychologist V
Pat Hill, Mental Health Worker III/Day Care Director
Sharon Harris, R.N.M.N., Psychiatric Nurse IV/Geriatrics Dir
Mary Honaker, R.N., Psychiatric Nurse IV/Outreach Director
Margaret Dasinger, M.S., Teacher, Ungraded Rm. III
Irene Restad, OTR, B.A.B.S., Occupational Therapist II
Gary Bounous, MSW, ACSW, Social Services Director (PT)
Alice Rupp, MSW, ACSW, Psychiatric Social Worker III
Jon Vodden, MSW, ACSW, Psychiatric Social Worker III
David Pierce, MSW, Psychiatric Social Worker II
Carla Teigen, Social Worker III
Helen Huennekens, M.S., Social Worker II
Jani McCall, M.S., Psychologist I
Valorie Everton, B.S., Social Worker II
Sue Heisel, B.S., Social Worker I
Jan Larsen, B.A., Social Worker I
John Noteboom, B.A., Social Worker I
Dave Rodriguez, Social Worker I
Jeanne Fisher, B.S., Business Manger II
Frances Davis, Accountant I
Pearl Anderson, Secretary III (PT)
Lorraine Barkley, Secretary III
ElRene Dorn, M.S., Secretary III
Diane J. Taylor, A.A., Administrative Asst. II
Mavis Marschke, Secretary III
Beverly Peters, Secretary III

Satellite Offices:

Neighborhood Counseling Center
2718 Montana Avenue, Room #10
Billings, Montana 59101
Telephone: 252-6518

Office Staff:

Judy Morris, B.S., Mental Health Worker IV
Sandy Fjelstad, Secretary III

SOUTH CENTRAL MONTANA REGIONAL MENTAL HEALTH CENTER - REGION III (Continued)

Satellite Offices:

BIG TIMBER	Sweet Grass Community Hospital <u>Big Timber</u> , Montana 59019 Telephone: 932-2132	(Covered by Columbus Satellite)
Office Staff:	Phil Russell, Ph.D., Psychologist V	
COLUMBUS	Stillwater Community Hospital <u>Columbus</u> , Montana 59010 Telephone: 322-5834	
Office Staff:	Phil Russell, Ph.D., Psychologist V Betty Ann Roan, <u>Secretary III</u> (PT)	
Counties Served:	Stillwater and Sweet Grass	
HARDIN	619 West Division <u>Hardin</u> , Montana 59034 Telephone: 665-1049	
Office Staff:	James Brown, M.S.W., A.C.S.W., Psychiatric Social Worker Janean Redding, Mental Health Worker I Laurel Janson, <u>Secretary III</u> (PT)	
Counties Served:	Big Horn	
HARLOWTON	P. O. Box 379 <u>Harlowton</u> , Montana 59036 Telephone: 632-4508	
Office Staff:	Gordon Saunders, M.A., Psychologist II Paulette (Pat) Aanrud, <u>Secretary III</u> (PT)	
Counties Served:	Wheatland	
LEWISTOWN	211 South High, P. O. Box 44 <u>Lewistown</u> , Montana 59457 Telephone: 538-3026	
Office Staff:	Robert VanGriethuysen, Ed.D., Psychologist IV Joan Stockton, Psychiatric Nurse I Mildred Gatz, <u>Secretary III</u>	
Counties Served:	Fergus, Judith Basin and Petroleum	
RED LODGE	P. O. Box 482 5 East Ninth Street <u>Red Lodge</u> , Montana 59068 Telephone: 446-2500	
Office Staff:	Steve Mincer, A.M., Psychologist III Barbara Herbert, Secretary III (PT)	
Counties Served:	Carbon	

SOUTH CENTRAL MONTANA MENTAL HEALTH CENTER (REGION III) Continued

ROUNDUP

P. O. Box 265

23 1st West

Roundup, Montana 59072

Telephone: 323-1142

Office Staff:

Ron Holland, M.Ed., Psychologist III

Dorothy Tragitt, Secretary III (PT)

Counties Served:

Musselshell

SOUTHWEST MONTANA (REGION IV) MENTAL HEALTH CENTER
AND ALCOHOLISM REHABILITATION ASSOCIATION

Administrative Office:

215 E. 6th Ave.
Helena, Montana 59601

Telephone: 442-0310

Office Staff:

Joe Harrington, MSW, Administrative Director
Jim Foley, Administrative Officer
Jim Scott, MSW, Addictive Disease Coordinator
Dan Frelund, MSBA, CPA, Program Evaluator
Iris Basta, Business Manager I
Judy Patten, Accounting Clerk I
Janet Hurley, Accounting Clerk I
Renee Davis, Secretary II
Marcia Smith, Clerk-Typist II

Satellite Offices:

HELENA

512 Logan
Helena, Montana 59601

Telephone: 442-0640

Counties Served:

Lewis & Clark, Broadwater, Jefferson

Office Staff:

David Briggs, MSW, Psychiatric Social Worker,
Coordinator
Francine Larson, M.D., Psychiatrist, Clinical
Director
Jorge Ferriz, M.D., Psychiatrist
Robert Bateen, Ph.D., Psychologist
Mary Chronister, Ph.D., Psychologist
Elizabeth Manley, BS, R.N., Psychiatric Nurse
Patricia Pearson, MA, R.N., Psychiatric Nurse
Susan Bryan, BS, OTR, Occupational Therapist
Kemp Roberts, Mental Health Worker III, Alcoholism
Counselor
Nance Close, BA, Mental Health Worker III
Lynn Madsen, Mental Health Worker II
Cherie Newman, House Manager I
Aaron Herriges, House Manager I
Sharon Bitz, Volunteer Worker
Gail Graham, Clerk Typist II
Cheryl Hansen, Clerk Typist II
Rosalie Walsh, Clerk Typist II

BUTTE

225 South Idaho
Butte, Montana 59701

Telephone: 723-5429

Counties Served:

Silver Bow

Office Staff:

Larry Olson, Ed.D., Psychologist, Coordinator
Marcus Brown, M.D., Psychiatrist
Craig Simmons, MSW, Psychiatric Social Worker
Barbara Sene, MA, R.N., Psychiatric Nurse
Cleo Butler, MA, R.N., Psychiatric Nurse
Patti Staley, BS, R.N., Psychiatric Nurse
Diane Tibbetts, MA, Psychologist
JoAnne Soyland, BA, Mental Health Worker III
Cheryl Tucholke, BA, Mental Health Worker II
Ora Wells, Mental Health Worker IV
Dolley Emerson, Secretary III
Phyllis Burns, Clerk Typist III
Gloria Sawtell, Clerk Typist I

ANACONDA

Community Hospital of Anaconda
Anaconda, Montana 59711

Telephone: 563-5261 Ext. 76

Counties Served:

Deer Lodge, Granite, Powell

Office Staff:

Ben Peters, Ph.D., Psychologist, Coordinator
Dennis Burns, Ph.D., Psychologist
Lorene Frigaard, Clerk Typist II

LIVINGSTON

Park County Courthouse, Box 119
Livingston, Montana 59047

Telephone: 222-3332

Counties Served:

Park, Meagher, Yellowstone Park

Office Staff:

Duane Haidle, Ed.D., Psychologist, Coordinator
Agnes Johnson, MSW, Psychiatric Social Worker
Judy Schultz, MA, R.N., Psychiatric Nurse
Mike Murphy, Mental Health Worker II, Alcoholism
Counselor
Irene Hedrick, Secretary I

BOZEMAN

Bozeman Problem Drinking Center
Rm. 316
First National Bank Building
Bozeman, Montana 59715

Telephone: 586-5493

Counties Served:

Gallatin (Alcoholism Services Only)

Office Staff:

Tom Kindrick, Mental Health Worker III, Alcoholism
Counselor

DILLON

Barrett Memorial Hospital
Dillon, Montana 59725

Telephone: 683-2324 Ext. 8

Counties Served:

Beaverhead, Madison

Office Staff:

Bailey Molineux, Ph.D., Psychologist, Coordinator
Nita Fjeseth, Clerk Typist II
Robert McKinnon, Alcoholism Counselor
Tom Clinton, House Manager - Alcoholism

WESTERN MONTANA (REGION V) MENTAL HEALTH CENTER

Administrative Office: Fort Missoula
Missoula, MT 59801
Telephone: 543-5177 (Hotline 125- 5021)

Counties Served: Missoula

Office Staff: G. Clark Anderson, Administrative Director
Richard S. Ball, Ph.D., Psychologist
Joyce M. Gale, Ph.D., Psychologist
Mark I. Vincent, Ph.D., Psychologist
Nora L. Fairley, M.D., Psychiatrist
James S. Scirver, Psychiatric Social Work Superv.
David Washburn, Psychiatric Social Worker
Lowell Luke, Psychiatric Social Worker
Cheryl Bauer, Mental Health Worker
Linda Krieg, Secretary
Linda Calbick, Secretary
Rosalie Petersen, Clerk-Typist
Judy Snyder, Clerk-Typist
Charlotte Ische, Clerk-Typist

Satellite Offices:

KALISPELL: 723 5th Avenue E.
Kalispell, MT 59901
Telephone: 755-6262 (Hotline 136-27)

Counties Served: Flathead

Office Staff: Bill Harris, Psychologist
Alan Quint, M.D., Psychiatrist
Willow Helton, Psychologist
Abraham Schwartz, Psychiatric Social Work Superv.
Kerry Bartley, Mental Health Worker
Maureen Neitzling, Secretary (4/5)
Bernadette Dennison, Clerk-Typist (1/2)
Marie Richardson, Clerk-Typist (1/2)

RONAN: Drawer E (2325 Main Street)
Ronan, MT 59864
Telephone: 676-8500

Counties Served: Lake

Office Staff: Gordon Gerrish, Ph.D., Psychologist
John Schritz, Jr., Business Manager
Phyllis Olson, Secretary

LIBBY: 321 Mineral Avenue
Libby, MT 59923
Telephone: 293-6513

Western Montana (Region V) Mental Health Center--Satellite Offices Continued

Counties Served: Lincoln

Office Staff: Donald Snyder, Psychologist
Mary Picco, Secretary
Barbara Benson, Mental Health Worker

THOMPSON FALLS: Box 562
Thompson Falls, MT 59873
Telephone: 827-3641

Counties Served: Sanders

Office Staff: Gary Kent, Psychologist
Sandra Wulfekuhle $\frac{1}{2}$ Mental Health Worker
 $\frac{1}{2}$ Clerk-Typist

HAMILTON: 186 South Third Street
Hamilton, MT 59840
Telephone: 363-1051

Counties Served: Ravalli

Office Staff: Frank Erickson, Psychiatric Social Work Superv.
Beverly Rembold, Clerk-Typist
Norda London, Mental Health Worker ($\frac{1}{2}$)

Western Montana (Region V) Mental Health Board

Bill Burley, Treasurer
Lake County Commissioners' Office
Polson, MT 59860
Telephone: 883-4361 (Office)
676-2138 (Home)

Jim Morey, Chairman
County Commissioners' Office
Libby, MT 59923
Telephone: 293-7781

Dick Ostergren, Vice-chairman
Missoula County Commissioners' Office
Missoula, MT 59801
Telephone: 543-5234

Joe DeLong, Secretary
County Commissioners' Office
Kalispell, MT 59901
Telephone: 755-5300

Ed Spannuth
County Commissioners' Office
Hamilton, MT 59840
Telephone: 363-4790

Hank Gill
County Commissioners' Office
Thompson Falls, MT 59873
Telephone: 827-3491

Non-Participating Counties

Duane Moeller
Mineral County Commissioner
Saltese, MT 59867

MIGRANT- SEASONAL COORDINATORS

OPPORTUNITIES, INC.
607 11th Street North
Great Falls, Montana 59401
761-0310
JOYCE THOMASON

DISTRICT IV HUMAN RESOURCES DEVELOPMENT
COUNCIL
Box 1509
Havre, Montana 59501
265-6744
TED MONTGOMERY

er(

MONTANA MIGRANT COUNCIL
2406 6th Avenue North
Billings, Montana 59101
248-3149
FRANK SOTO
TONY LEDSMAN, COORDINATOR

(3) Contact: Phil Sullivan
in Glendive - 365-3364

DISTRICT IX HUMAN RESOURCES
DEVELOPMENT COUNCIL
15 South Tracy
Bozeman, Montana 59715
587-4486
TOM SCHLESSER

ROCKY MOUNTAIN DEVELOPMENT COUNCIL
201 South Last Chance Gulch
Neighborhood Center
Helena, Montana 59601
442-1552
LLOYD McGAFFICK

DISTRICT XI HUMAN RESOURCES
DEVELOPMENT COUNCIL
207 East Main Street
Missoula, Montana 59801
728-3710
MOLLY SPARHAWK

CENTRAL MONTANA DISTRICT VI COUNCIL
(CONCERTED SERVICES)
211 Main Street
Wall Building
Roundup, Montana 59072
323-2547
DAVE STEPHENSON
(also Lewistown area)

BUTTE-SILVER BOW ANTI-POVERTY COUNCIL
107 East Granite
Butte, Montana 59701
792-7200
BILL CAMPBELL

- (1) This organization handles the Yellowstone Valley including Billings, Miles City, Glendive and Sidney.
- (2) This organization also serves the Mission and Flathead Valley as well as most of Western Montana.
- (3) Phil should have a new coordinator for these 5 Northeastern counties soon: Malta, Glasgow, Wolf Point, Scobey, Plentywood, etc.

SEASONAL MIGRANT OUTREACH PROGRAM

A special Seasonal Migrant Outreach Program is underway in the state. This program is being administered by the Human Resources Division of the Department of Community Affairs under a C.E.T.A. grant.

The purpose of the program is to seek out seasonal and migrant workers who may be eligible for C.E.T.A. training programs or full-time job placement. Twelve Services Coordinators have been hired throughout the state with the intent of supplying seasonal and migrant workers with information and financial assistance to enable them to obtain full-time employment and/or needed training leading to full-time employment.

Essentially, the program is aimed at agricultural workers whose employment is seasonal and less than full-time. In addition to training and job placement, there is money available to help meet the immediate family needs. The services for which money is available include: nutritional, medical, relocation, residential support and emergency services.

Ted Montgomery is coordinator for Liberty, Hill and Blaine Counties and can be reached at 265-6744 in Havre.

Client eligibility for participation in the Seasonal-Migrant Program (also called the 303 program) is as follows:

- Limited to farm workers and their dependents during the 18 months proceeding their application for enrollment.
- Received at least 50% of their total earned income as farm workers during any consecutive 12 month period..
- Been employed in agriculture on a seasonal basis (time spent employed in food processing establishments by agricultural workers may be counted for eligibility purposes) this would include, e.g., working in a grain elevator, feed store, etc.

"Farm Worker; Definition: 'Farmworkers' shall mean a wage laborer in agriculture, performing tasks as defined under 'Farm-Hand - general' in the Dictionary of Occupational Titles and includes both migratory and non-migratory seasonal farmworkers. Migratory seasonal farmworker is a person who currently seeks or performs on a seasonal basis, agricultural labor which requires travel such that the worker is unable to return to his or her domicile within the same day. Non-migratory seasonal farmworker is a person employed in agriculture on a seasonal basis who (1) did all his or her farm wagework for the year in the same county in which he or she lived, (2) made a permanent move from one county to another during the year and performed farm wagework in both counties, or (3) commuted daily across the county or state line to do farm wage-work and returned home each night."

- Been defined as economically disadvantaged.

SERVICES AVAILABLE

A. Medical Services: Medical Services funds can be used to provide medical care to qualified migrant and seasonal farm workers. Some examples of eligible uses for these funds are:

- (1) Payment for medical and dental exams and treatment.
- (2) Payments of emergency medical costs, such as ambulance fees, etc.
- (3) Payment of medical insurance premiums when such premiums are temporarily beyond the financial resources of the family.
- (4) Payments of pre-natal, maternity, and post-natal care.
- (5) Payment of hospitalization costs.
- (6) Payment for medical, dental, or optical devices such as crutches, dental fillings, glasses, etc.
- (7) Payment for prescription drug costs.
- (8) Payment for transportation costs to enable farmworker to receive adequate and proper care.
- (9) Payment of fees charged by instructors providing training in basic home/preventive care.
- (10) Payment of other fees or cash which are medical or health related.

Persons eligible for Medical Services assistance are:

- (a) Any seasonal or migrant farmworker, and
- (b) the dependents (spouse, children, and other family members) who are supported by an eligible farmworker.

B. Nutrition Services: The nutritional problems of migrant and seasonal farmworkers are widely variable. For this reason, the Seasonal-Migrant project encourages innovative ways of correcting these nutritional problems.

- (1) Limited direct purchases of food. These purchases are limited by federal regulations to 10% of the total nutritional services funds.
- (2) Providing financial support and travel costs to farmworkers to enable them to participate in food stamp fair hearings.
- (3) Providing direct grants to farmworkers to enable them to purchase food stamps when the cost of such stamps is temporarily beyond their financial resources.

can be covered. This should be used only in those cases where the farmworker is unable to move his household himself.

- (2) Payment of rental costs for moving vehicles and equipment to enable the farmworker to move his family himself. This payment should only be made to properly licensed persons.
- (3) Payment of initial rent and/or security deposit for rental of housing in new home city where the farmworker is or will be enrolled in job training or is or will be employed following job training in cases where such costs are beyond the financial resources of the farmworker.
- (4) Payment of utility deposit fees in new home city under conditions outlined in #3 above.
- (5) Payment of other costs related to the relocation expenses of farmworkers household to cities where he will receive job training or has been permanently employed.

E. Emergency Service Funds: A great variety of situations may call for emergency services. This category is very broad but to prevent depletion of this fund the other categories should be used where possible. Among the eligible potential uses of this emergency fund are the following:

- (1) Payment for transportation costs to next stop on the migrant farmworkers itinerary when such costs exceed his available financial resources and his inability to reach his destination presents a severe problem in terms of income.
- (2) Payment for repair costs to enable migrant farmworker to reach his his next destination or to allow seasonal farmworkers to reach place of employment.
- (3) Emergency purchase of food stamps when costs for these items exceed the financial resources of the farmworker. This purchase under the emergency assistance plan would be one time only.
- (4) Purchase of clothing and shoes to enable farmworker to more satisfactorily do his job or complete his training; or to allow members of his family to participate more fully and less self consciously in society or work.
- (5) Payment for emergency medical expenses. This payment under the emergency assistance plan would be one time only.
- (6) Payment for work tools, supplies, etc. both for farmworker and for non-farmwork employment.
- (7) Any other expense or fee which is emergency in nature; essential to the physical, mental, or social well being of the farmworker and which is not being met by other programs.

- (4) Paying travel costs, expenses and fees of instructors providing training to farmworkers in nutrition, food preparation, and other related subjects.
- (5) Limited purchases of food preparation and storage materials in cases where the costs of such materials is temporarily beyond the financial resources of the farmworker and the lack of such materials creates a nutritional handicap for the farmworker.

C. Residential Support Services: In 1971, between 75% and 90% of housing occupied by migrant farmworkers in Montana failed to meet even minimum Federal Housing guidelines. The seasonal farmworker, though his situation is not quite as severe, is often forced to live in substandard, dilapidated housing. Examples of eligible activities include:

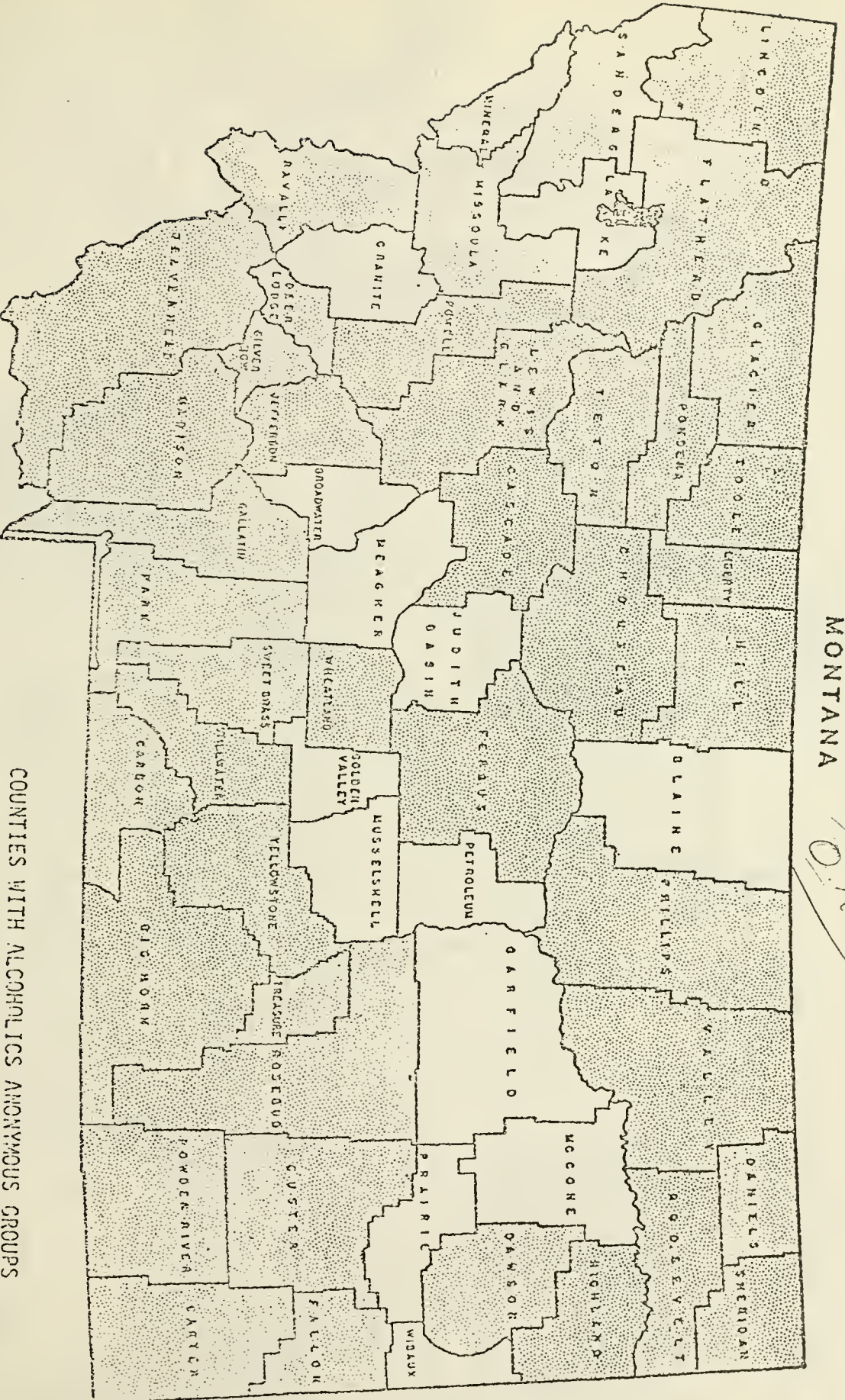
- (1) Payment of monthly rent and/or security deposits when such payment clearly temporarily exceeds the financial resources of the farmworker and when an alternate means of avoiding eviction and/or penalty cannot be found.
- (2) Payments of monthly utility bills and/or utility security deposits when such costs temporarily exceed the financial resources of the farmworker.
- (3) Payment to provide self help housing group with materials with which to repair or improve housing conditions.
- (4) Payment for tests of sanitation facilities and for remedial action needed to correct deficient facilities.

D. Relocation Service Funds: The use of these funds will be to assist the farmworker in relocating his household in a town where he has received a job placement upon completion of this training or to a training site or to a full-time job site if no training is needed. Examples of eligible activities under your Seasonal-Migrant Program are:

- (1) Payment of moving expenses of household goods and furniture of farmworker to (a) a city where he is or will be enrolled in a CETA Title I or II job training program; (b) at the site where he will be employed following such training; or (c) the site where he has obtained employment in a permanent, well paying job. Moving expenses for services such as provided by certified, licensed moving companies

MONTANA

0.1111



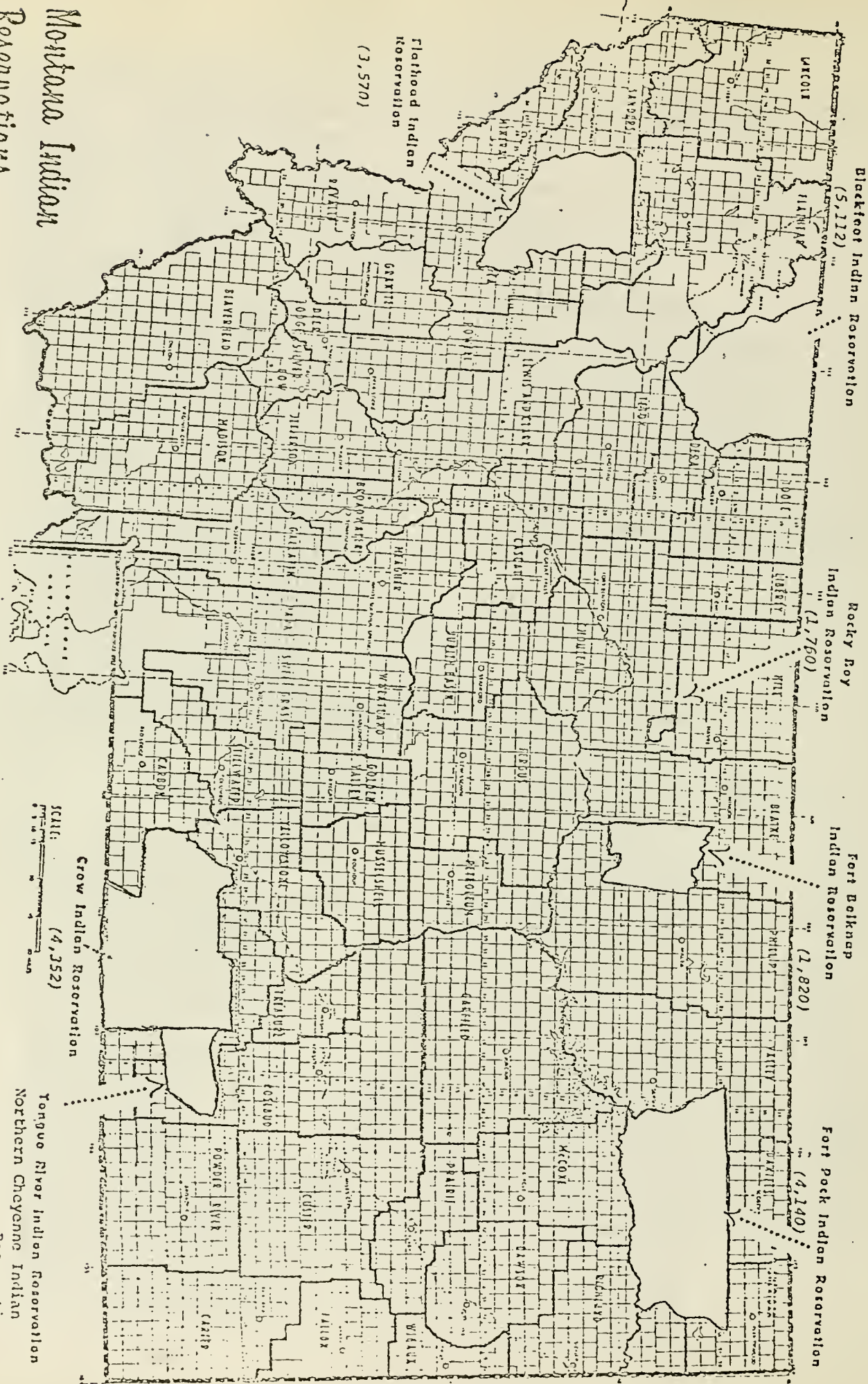
COUNTIES WITH ALCOHOLICS ANONYMOUS GROUPS

61 Groups

Approximately 700 Total Membership

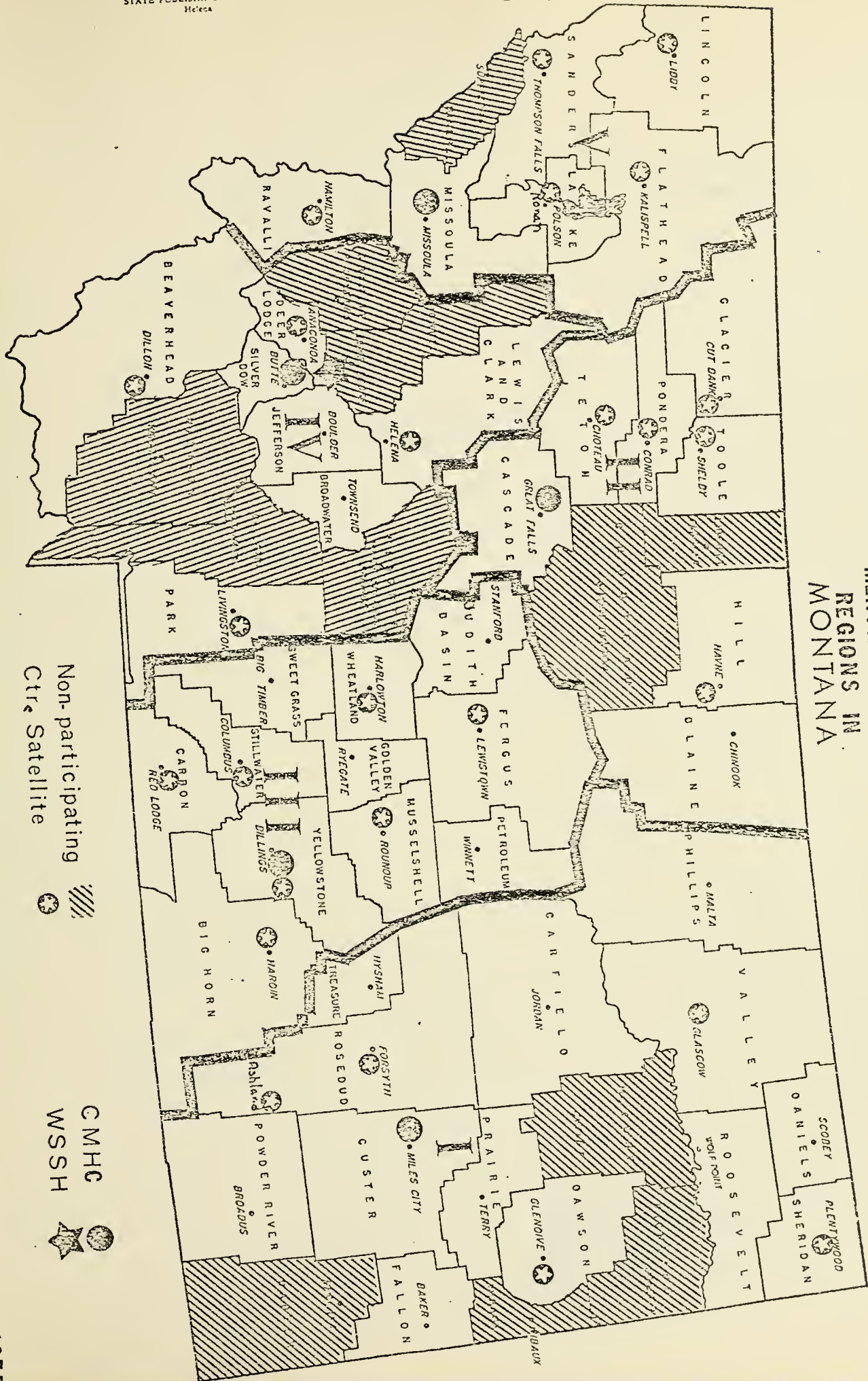
Montana Indian Reservations

Calendar Year 1970
POPULATIONS



Fold to here to fit standard binder

MENTAL HEALTH REGIONS IN MONTANA



Non-participating
 Ctr. Satellite

CMHC
 WSSH

NOVEMBER, 1975

Enclosure (6)

Aftercare Modality
daily schedule and forms

Montana Alcoholism Prevention Center
Galen State Hospital
RFD Route 1
Deer Lodge, Montana 59722
October 16, 1976

Galen State Hospital

R. F. D. NO. 1 — GALEN
DEER LODGE, MONTANA 59722

MONTANA ALCOHOLISM PREVENTION CENTER

Schedule of events for

THURSDAY

- P.M. Participant and family member arrive at the Prevention Center
5:00 P.M. Participant and family member dinner
8:00 Deer Lodge Valley A.A. and Al-Anon groups meet at Powell County Courthouse, Deer Lodge

FRIDAY

- 6:30 A.M. Participant medical examination and tests, lab main hospital
7:00 Participant and family member breakfast — after breakfast, interview visitors lounge — main hospital
8:30 Participant and family member meeting with the director, Staff Conference Room, Prevention Center
9:30 Dr. Abad, medical review, Annex I, participant and family member
10:30 Lecture, main lounge, Prevention Center
12:00 Lunch
1:15 P.M. Lecture, main lounge, Prevention Center
3:00 Participant and family member group meeting "G" Wing Lounge
5:00 Dinner
8:00 Book Study Group meeting at Anaconda, upstairs, corner of Main and Commercial

SATURDAY

- 7:00 A.M. Breakfast
8:30 Group meeting, participant and family member, "G" Wing Lounge
9:45 Movie "Class of '76" and discussion, "G" Wing Lounge
12:00 Lunch
1:00 P.M. Problem solving group, "G" Wing Lounge
2:15 Movie "Alcohol, Drugs or Alternatives" and discussion, "G" Wing Lounge
3:15 Free time individual counseling
5:00 Dinner
7:30 Open A.A. meeting, Galen Group, Main Lounge, Prevention Center

SUNDAY

- 7:00 A.M. Breakfast
Participant and family member depart for home

GALEN STATE HOSPITAL
RFD #1 - Galen
Deer Lodge, Montana 59722

Dear

A room is reserved for you at the Prevention Center beginning Thursday night, . Your first appointment at the hospital is at 6:30 A.M. Friday, .

Enclosed is a questionnaire and a schedule of events. Please complete the questionnaire and return it in the self-addressed envelope. Many of the events on the schedule are optional, however, full participation during Friday, is requested. A doctor's certificate will be available if needed for employers and insurance companies.

Doctor Abad, Mike, Ray, Mayme, Kaye, myself and the staff wish you well and are looking forward to seeing you.

Sincerely,

Donald L. Holmes
Director
Montana Alcoholism Prevention Center

DLH/pjh
Enclosures

- MONTANA ALCOHOLISM PREVENTION CENTER

6. Please check: the answer which is correct in your case:
- a. ☐ I will make my own arrangement for transportation to Galen and my return to home.
 - b. ☐ I do not have travel funds for the trip to Galen and return home. I request the hospital to make travel arrangements for me.
7. Please date and sign as indicated below. Return this questionnaire in the self-addressed envelope.

(date)

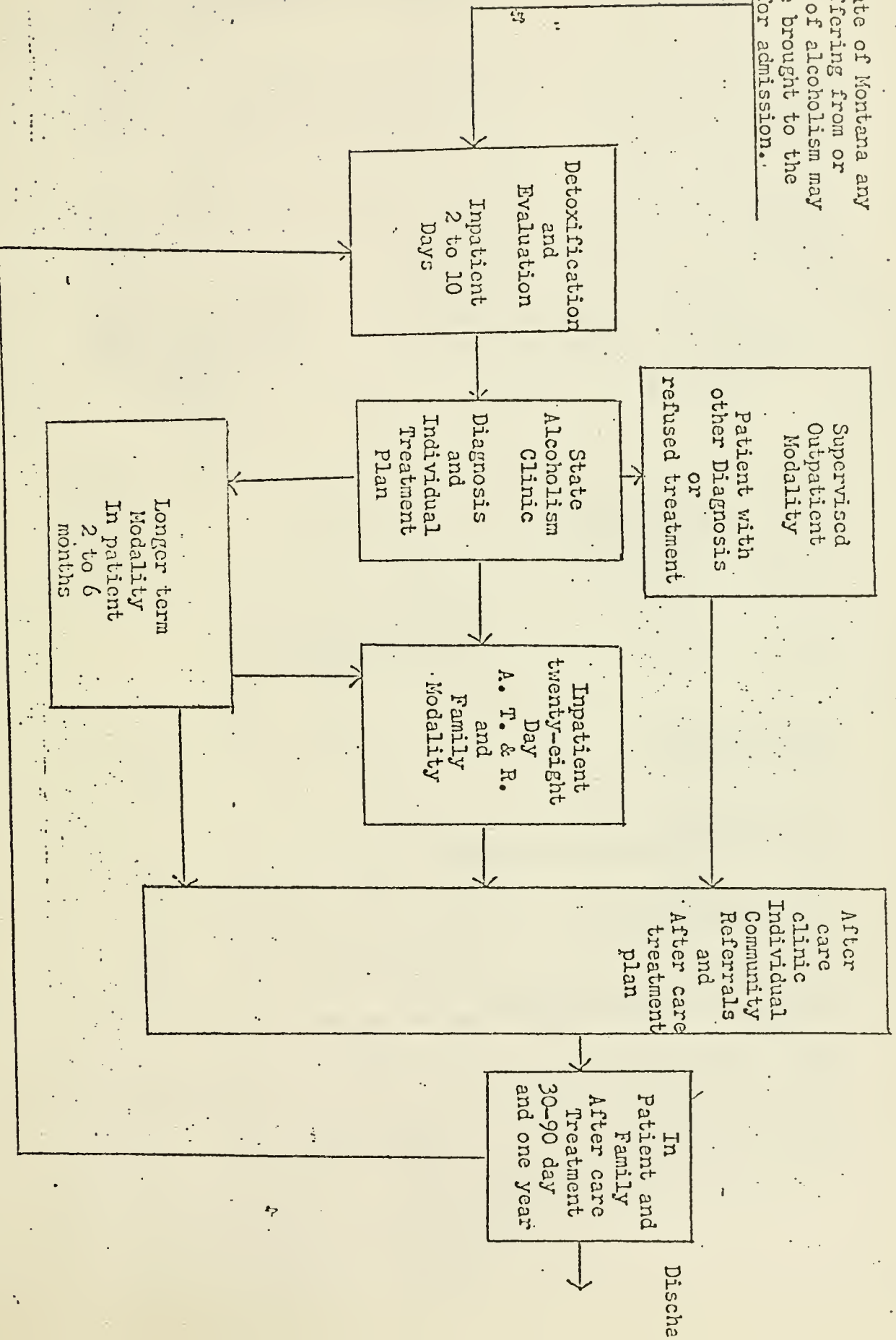
(your signature)

Enclosure (7)

General information
patient flow chart, hospital and
center organizational charts and
a listing of center personnel and
phone numbers

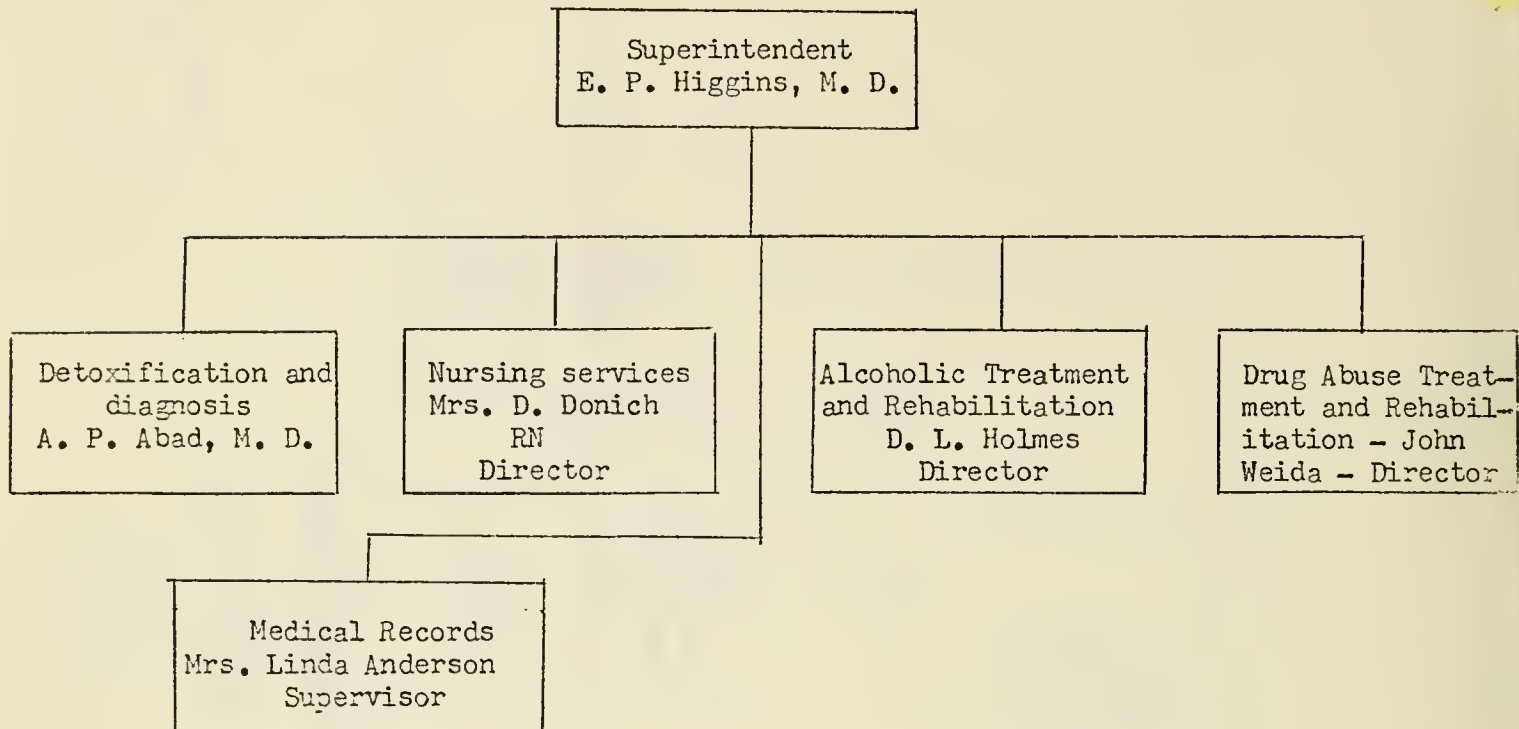
Montana Alcoholism Prevention Center
Galen State Hospital
RFD Route 1
Deer Lodge, Montana 59722
October 16, 1976

In the State of Montana any person suffering from or suspected of alcoholism may come or be brought to the hospital for admission.



Galen State Hospital
Alcoholism and drug abuse organization chart
and telephone listings

October 16, 1976



Phone listings

Dr. E. P. Higgins Superintendent	220	245	-
Dr. A. P. Abad Staff physician Alcoholism and related drug abuse	326	226	693-2274
Mrs. D. Donich Director of Nursing	240	-	563-2112
D. L. Holmes Director, Montana Alcoholic Treatment and Rehabilitation	211-212-213	238	693-2206
Mrs. Linda Anderson Supervisor Medical Records	227		
John Weida Director, Drug Abuse Treatment and Rehabilitation	693-2221 Ext. 2470		

Program Consultants

Dr. Paul Gordon, Psychiatry
A. P. Abad, M.D., Medicine
Father Patrick Stimatz, Catholic Faith
Reverend John Caton, Protestant Faith
Mrs. Mary Klaboe, R.N., Nursing Services
Mr. Jack McCormick, Mt. Parole System
Mrs. Teresa Marshall, Vocational Rehab.
Mrs. Elise Olienik, Social Services
Mr. Bill Campbell, Migrant Seasonal
Workers

Superintendent
Galen State Hospital
E. P. Higgins, M.D.

Director, Montana
Alcoholic Treatment
and Rehabilitation
D. L. Holmes

Clerk-Steno
to the Director
Mrs.
Willene Patterson

Senior Counselor
28-day modality
Ray Redfern

Clerk-Steno
28-day modality
Mrs. Verna Brown

Senior Counselor
Family and Aftercare
modalities
Robert Ockler

Crafts and Recrea-
tional Therapy
Mrs. Lou Hosking

Counselor
Long term Rehabili-
tation modality
Richard Tolan

Community, family
and aftercare coordination
all modalities

Crafts Aide
Irvin Moos

Counselor and
Social Services
James Connolly

Wing A Counselor
Don Gochanour

Wing B Counselor
Cathy Craig

Wing C Counselor
Harold Patrick

Wing D Counselor

Wing E Counselor
Caroline O'Neill

Wing F Counselor
Russell Crites

Wing H Women's
Counselor
Mayme Hannifin

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Office Phone</u>	<u>Home Phone</u>
Holmes, Donald L.	Director	RFD #1, Galen Hosp. - Deer Lodge	693-2281 Ext. 211-212-213	693-2206 or Ext. 238
Redfern, Ray C.	Senior Counselor 28-day modality	RFD # 1, Galen Hosp.-Deer Lodge	693-2281 Ext. 212	693-2381 or Ext. 257
Craig, Catherine	Counselor 28-day modality	RFD #1, Galen Hosp. - Deer Lodge	693-2281 Ext. 212	693-2416
Crites, Russell	Counselor 28-day modality	1200 Main, Deer Lodge	693-2281 Ext. 212	846-3294
Gochanour, Donald	Counselor 28-day modality	RFD #1, Galen	693-2281 Ext. 212	None
Hannifin, Mary	Counselor 28-day modality	312 W. Gold, Butte	693-2281 Ext. 212	792-0565
Ockler, Robert	Senior Counselor Family and Aftercare	320 W. 7th, Anaconda	693-2281 Ext. 212	563-2557
Patrick, Harold	Counselor 28-day modality	Box 176, Warm Springs	693-2281 Ext. 212	693-2463
Brown, Verna	Clerk-Steno 28-day modality	308 Seventh Street, Deer Lodge	693-2281 Ext. 212	846-1981
Patterson, Willene	Clerk-Steno to the Director	Route #1, Box 129, Opportunity	693-2281 Ext. 212	797-3768
Baxter, Cleone	Counselor Aide Long Term Rehab.	800 W. Maryland, Deer Lodge	693-2281 Ext. 247	846-3455
Connolly, James	Counselor Social Services Long term Rehab.	205 N. Crystal, Butte	693-2281 Ext. A-1 243	792-2879
Tolon, Richard	Counselor Long term Rehab.	1017 Milwaukee, Deer Lodge	693-2281 Ext. 273	846-3585
Hosking, Lou	Vocational Aide	722 E. Commercial, Anaconda	693-2281	563-5792
Moos, Irvin	Vocational Aide	RFD #1, Galen	693-2281	None

